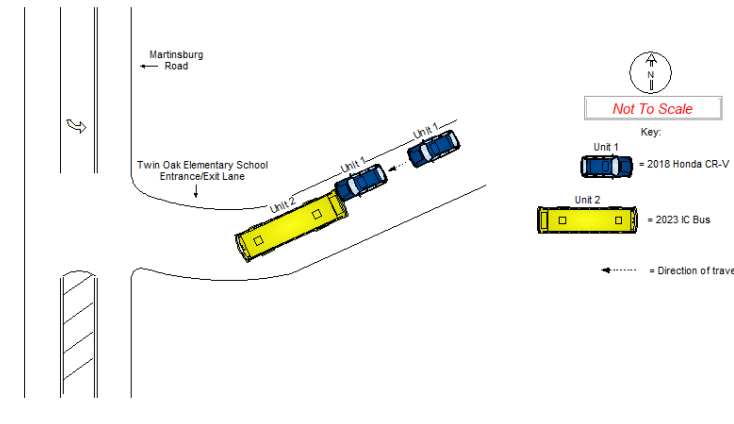


## TRAFFIC CRASH REPORT \*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

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"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                                                            | LOCAL INFORMATION                                     |                                                                                                                                                                             | M-P2602533                           |                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                                                                                                                                                                                                                                           | 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>09/02/2026 15:43 |                                                                                                                                                                                                                                                                                                                |  |
| ROUTE TYPE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                                                                                    |                                                        | LOCATION ROAD NAME<br>TWIN OAK ELEMENTARY SCHOOL                                                                                                                                                                                                                          |                                                       | ROAD TYPE<br>RD                                                                                                                                                             | LATITUDE<br>40.364416                |                                                                                                                                                                                                                                                                                                                |  |
| ROUTE TYPE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                                                                                    |                                                        | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>8888 MARTINSBURG ROAD                                                                                                                                                                                                    |                                                       | ROAD TYPE                                                                                                                                                                   | LONGITUDE<br>-82.463055              |                                                                                                                                                                                                                                                                                                                |  |
| REFERENCE POINT<br>3 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 |  |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                                                         |                                                        | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                                                            |                                                       | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES             |                                      | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                                                            |  |
| LOCATION OF FIRST HARMFUL EVENT<br>6 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>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>4 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<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>1 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN                                     |                                                       | CONDITIONS<br>1 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 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 and Unit 2 were traveling westbound in the Twin Oak Elementary School travel lane. Unit 2 stopped for traffic ahead. Unit 1 failed to see Unit 2 stopped and struck Unit 2 in the rear-end.                                                                                                                                                 |                                                        |                                                                                                                                                                                                                                                                           |                                                       | DIAGRAM<br>                                                                             |                                      |                                                                                                                                                                                                                                                                                                                |  |
| CRASH REPORTED DATE/TIME<br>09/02/2026 15:44                                                                                                                                                                                                                                                                                                                    |                                                        | DISPATCH DATE/TIME<br>09/02/2026 15:44                                                                                                                                                                                                                                    |                                                       | ARRIVAL DATE/TIME<br>09/02/2026 15:44                                                                                                                                       |                                      | SCENE CLEARED DATE/TIME<br>09/02/2026 16:11                                                                                                                                                                                                                                                                    |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                  |                                                        | OTHER INVESTIGATION TIME<br>90                                                                                                                                                                                                                                            |                                                       | TOTAL MINUTES<br>117                                                                                                                                                        |                                      | OFFICER'S NAME*<br>Trowbridge, Justin                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                                                                                                                                                                                                                                           |                                                       |                                                                                                                                                                             |                                      | CHECKED BY OFFICER'S NAME*                                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                                                                                                                                                                                                                                           |                                                       |                                                                                                                                                                             |                                      | CHECKED BY OFFICER'S BADGE NUMBER*                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                                                                                                                                                                                                                                           |                                                       |                                                                                                                                                                             |                                      | 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)                                                                                                              |  |

M-P2602533

|                                                                                                                                       |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>EDDY, OBADIAH J | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>20523 SYCAMORE RD, MOUNT VERNON, OH 43050      |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                                | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>KZU8440                                                                     | VEHICLE IDENTIFICATION #<br>5J6RW6H38JL001351                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| VEHICLE YEAR<br>2018                                                                                                                  |                                                                                                | VEHICLE MAKE<br>Honda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| INSURANCE<br>VERIFIED                                                                                                                 | INSURANCE COMPANY<br>ERIE INSURANCE COMPANY                                                    | INSURANCE POLICY #<br>Q057310182                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| INTERLOCK<br>DEVICE<br>EQUIPPED <input type="checkbox"/>                                                                              |                                                                                                | HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| # OCCUPANTS<br>2                                                                                                                      |                                                                                                | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| UNIT TYPE<br>3                                                                                                                        |                                                                                                | HAZARDOUS MATERIAL<br>CLASS # PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| # OF TRAILING UNITS<br>0                                                                                                              |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| WAS VEHICLE OPERATING IN<br>AUTONOMOUS MODE<br>WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                |                                                                                                | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL<br>AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SPECIAL<br>FUNCTION<br>1                                                                                                              |                                                                                                | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE<br>SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT<br>/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<br>EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE<br>PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                    |
| CARGO<br>BODY<br>TYPE<br>1                                                                                                            |                                                                                                | 1 - NO CARGO BODY<br>TYPE / NOT<br>APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING<br>ANOTHER MOTOR<br>VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL<br>CONTAINER CHASSIS<br>6 - CARGO VAN/<br>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<br>DEFECTS<br>1                                                                                                               |                                                                                                | 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<br>TIRES<br>8 - TRAILER<br>EQUIPMENT<br>DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM<br>PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NON-MOTORIST<br>LOCATION<br>AT IMPACT<br>1                                                                                            |                                                                                                | 1 - INTERSECTION -<br>MARKED<br>CROSSWALK<br>2 - INTERSECTION -<br>UNMARKED<br>CROSSWALK<br>3 - INTERSECTION -<br>OTHER<br>4 - MIDBLOCK -<br>MARKED CROSSWALK<br>5 - TRAVEL LANE -<br>OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/<br>ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING<br>ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS<br>OR TRAILS<br>12 - FIRST RESPONDER<br>AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                          |
| ACTION<br>3                                                                                                                           |                                                                                                | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>6 - STRIKING PRE-CRASHES<br>& STRUCK ACTIONS<br>9 - OTHER/UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/<br>PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC<br>LANE<br>9 - LEAVING TRAFFIC<br>LANE<br>10 - PARKED<br>11 - SLOWING OR<br>STOPPED IN<br>TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A<br>CURVE<br>14 - ENTERING OR<br>CROSSING<br>SPECIFIED LOCATION<br>15 - WALKING, RUNNING,<br>JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR<br>LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-<br>MOTORIST<br>21 - STOPPING OUTSIDE<br>DISABLED VEHICLE<br>99 - OTHER/UNKNOWN          |
| CONTRIBUTING<br>CIRCUMSTANCES<br>8                                                                                                    |                                                                                                | 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<br>CLOSE/ACDA<br>9 - IMPROPER LANE<br>CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START<br>FROM A PARKED<br>POSITION<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>CROSSING<br>21 - LYING IN<br>ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR<br>INTO ROADWAY<br>99 - OTHER IMPROPER<br>ACTION                                                                                                          |
| SEQUENCE OF EVENTS                                                                                                                    |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| EVENTS                                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1                                                                                                                                     | 20                                                                                             | 1 - OVERTURN/<br>ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT<br>LOSS OR SHIFT<br>6 - EQUIPMENT<br>FAILURE<br>7 - SEPARATION OF<br>UNITS<br>8 - RAN OFF ROAD<br>RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>OPPOSITE<br>DIRECTION OF<br>TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-<br>COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>EQUIPMENT<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE<br>IN TRANSPORT<br>21 - PARKED MOTOR<br>VEHICLE<br>22 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>23 - STRUCK BY<br>FALLING, SHIFTING<br>CARGO OR ANYTHING<br>SET IN MOTION BY A<br>MOTOR VEHICLE<br>24 - OTHER MOVABLE<br>OBJECT                      |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                  |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 4                                                                                                                                     |                                                                                                | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION<br>26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>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<br>BARRIER<br>34 - MEDIAN GUARDRAIL<br>BARRIER<br>35 - MEDIAN CONCRETE<br>BARRIER<br>36 - MEDIAN OTHER<br>BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>POST<br>39 - LIGHT/LUMINARIES<br>SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE<br>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<br>50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT<br>99 - OTHER/UNKNOWN |
| FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1                                                                                            |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

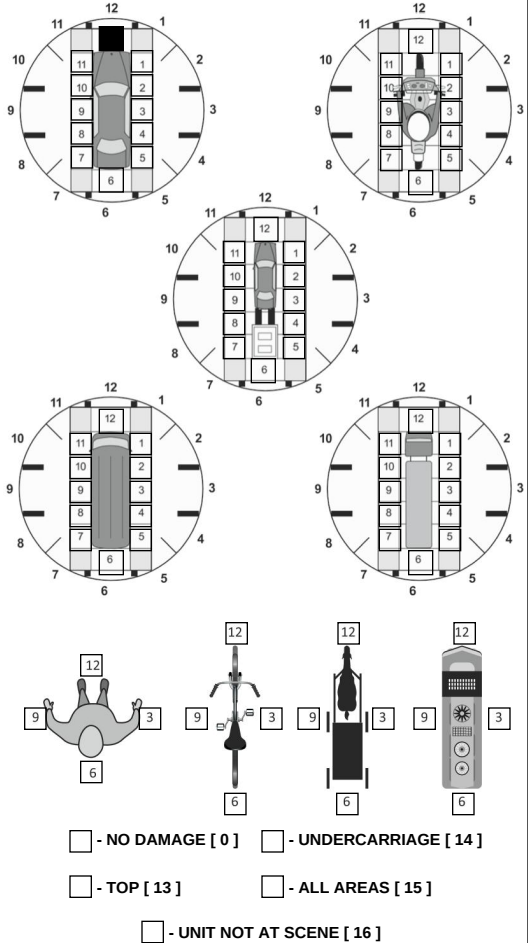
## DAMAGE

## DAMAGE SCALE

2

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

12

- 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                         | TRAFFIC CONTROL<br>6     |
| # OF THROUGH LANES<br>ON ROAD<br>2           | RAIL GRADE CROSSING<br>1 |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 5 TO 8 |                          |
| UNIT SPEED<br>15                             | DETECTED SPEED<br>3      |

M-P2602533

|                                                                                                                                                                    |                                                                                                       |                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                                                        | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>MT VERNON CITY SCHOOLS | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>300 NEWARK RD, MT VERNON, OH 43050                                          |                                                                                                       |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                |                                                                                                       | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                     | LICENSE PLATE #<br>Q13784                                                                             | VEHICLE IDENTIFICATION #<br>4DRBUPWN8PB054648                          |
| VEHICLE YEAR<br>2023                                                                                                                                               | VEHICLE MAKE<br>IC-BUS                                                                                |                                                                        |
| INSURANCE VERIFIED                                                                                                                                                 | INSURANCE COMPANY<br>AMERICAN FAMILY HOME INSURANCE                                                   | INSURANCE POLICY #<br>7NA5CA0001737-00                                 |
| COLOR<br>Yellow                                                                                                                                                    | 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                                                                  |                                                                                                       | CLASS # PLACARD ID #                                                   |
| INTERLOCK DEVICE EQUIPPED                                                                                                                                          | HIT/SKIP UNIT                                                                                         | # OCCUPANTS<br>38                                                      |
| 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. |                                                                                                       |                                                                        |
| UNIT TYPE<br>19                                                                                                                                                    | # OF TRAILING UNITS<br>0                                                                              |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                                   |                                                                                                       |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                                                         |                                                                                                       |                                                                        |
| SPECIAL FUNCTION<br>4                                                                                                                                              |                                                                                                       |                                                                        |
| CARGO BODY TYPE<br>2                                                                                                                                               |                                                                                                       |                                                                        |
| VEHICLE DEFECTS                                                                                                                                                    |                                                                                                       |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT                                                                                                                                    |                                                                                                       |                                                                        |
| ACTION<br>4                                                                                                                                                        |                                                                                                       |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1                                                                                                                                    |                                                                                                       |                                                                        |

|                                                                                            |                                                                               |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| DAMAGE                                                                                     |                                                                               |
| DAMAGE SCALE                                                                               |                                                                               |
| 2                                                                                          | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE |
| 9 - UNKNOWN                                                                                |                                                                               |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                 |                                                                               |
|                                                                                            |                                                                               |
|                                                                                            |                                                                               |
|                                                                                            |                                                                               |
|                                                                                            |                                                                               |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] |                                                                               |
| <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]          |                                                                               |
| <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]                                        |                                                                               |

|                          |                                                                                                                              |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------|
| INITIAL POINT OF CONTACT |                                                                                                                              |
| 6                        | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN |

|                                                                                                  |                                 |
|--------------------------------------------------------------------------------------------------|---------------------------------|
| TRAFFIC                                                                                          |                                 |
| TRAFFICWAY FLOW                                                                                  | TRAFFIC CONTROL                 |
| 2                                                                                                | 1 - ONE-WAY<br>2 - TWO-WAY<br>6 |
| 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                                                        | RAIL GRADE CROSSING |
| 2                                                                                 | 1                   |
| 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |                     |

|                                                                                                                                         |      |
|-----------------------------------------------------------------------------------------------------------------------------------------|------|
| UNIT / NON-MOTORIST DIRECTION                                                                                                           |      |
| FROM 5                                                                                                                                  | TO 8 |
| 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                                                           | DETECTED SPEED |
| 0                                                                    | 1              |
| 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED |                |

|              |
|--------------|
| POSTED SPEED |
| 15           |

|                    |                     |                                                                                                                     |
|--------------------|---------------------|---------------------------------------------------------------------------------------------------------------------|
| 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 |
| 2                  |                     |                                                                                                                     |
| 3                  |                     |                                                                                                                     |
| 4                  |                     |                                                                                                                     |
| 5                  |                     |                                                                                                                     |
| 6                  |                     |                                                                                                                     |
| 1                  | FIRST HARMFUL EVENT |                                                                                                                     |
| 1                  | MOST HARMFUL EVENT  |                                                                                                                     |

# MOTORIST / NON-MOTORIST

|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            | LOCAL REPORT NUMBER*              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|---------|--|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            | DATE OF BIRTH                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | AGE | GENDER                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | EDDY, REBEKAH SUZANNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            | 09/22/1996                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | 29  | F                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| 20523 SYCAMORE 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 |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            | 4                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |     | 1                                                                                                                                                                                                                                                                                                                                                                                              |  | 1                                                                                                                                 |                                                                                                                                                              | 4        |  | 1       |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                            | OFFENSE CHARGED                                                                                                                                                                         |  |                                                 | LOCAL CODE                                                                                                         |                                                                                                            | OFFENSE DESCRIPTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |  | UD209680                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                            | MTV 331.34                                                                                                                                                                              |  |                                                 | <input checked="" type="checkbox"/>                                                                                |                                                                                                            | Failure To Control/Weaving Course |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     | mvp42012600002948                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                                                                                                                                                                         |  | 6                                               |                                                                                                                    | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                        |     | STATUS: 1   TYPE: 1   VALUE: .                                                                                                                                                                                                                                                                                                                                                                 |  | STATUS: 1   TYPE: 1   RESULT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                                                              |          |  |         |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            | DATE OF BIRTH                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | AGE | GENDER                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                          |  | DURBIN, ALEX NEAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            | 10/31/1961                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | 64  | M                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| 1205 N MULBERRY ST, MOUNT VERNON, OH 43050                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)          |                                                                                                                                                                                         |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                                    |                                                                                                            | SAFETY EQUIPMENT USED             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DOT-COMPLIANT MC HELMET  |     | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                               |  | AIR BAG USAGE                                                                                                                     |                                                                                                                                                              | EJECTION |  | TRAPPED |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            | 4                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |     | 1                                                                                                                                                                                                                                                                                                                                                                                              |  | 1                                                                                                                                 |                                                                                                                                                              | 4        |  | 1       |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                            | OFFENSE CHARGED                                                                                                                                                                         |  |                                                 | LOCAL CODE                                                                                                         |                                                                                                            | OFFENSE DESCRIPTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |  | RQ390047                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                            |                                                                                                                                                                                         |  |                                                 | <input type="checkbox"/>                                                                                           |                                                                                                            |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3 |                                                                                                                                                                                         |  | DRIVER DISTRACTED BY                            |                                                                                                                    | ALCOHOL / DRUG SUSPECTED                                                                                   |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CONDITION                |     | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                   |  | DRUG TEST(S)                                                                                                                      |                                                                                                                                                              |          |  |         |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                                                                                                                                                                         |  | 1                                               |                                                                                                                    | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                        |     | STATUS: 1   TYPE: 1   VALUE: .                                                                                                                                                                                                                                                                                                                                                                 |  | STATUS: 1   TYPE: 1   RESULT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                                                              |          |  |         |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            | DATE OF BIRTH                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | AGE | GENDER                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)          |                                                                                                                                                                                         |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                                    |                                                                                                            | SAFETY EQUIPMENT USED             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DOT-COMPLIANT MC HELMET  |     | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                               |  | AIR BAG USAGE                                                                                                                     |                                                                                                                                                              | EJECTION |  | TRAPPED |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                            | OFFENSE CHARGED                                                                                                                                                                         |  |                                                 | LOCAL CODE                                                                                                         |                                                                                                            | OFFENSE DESCRIPTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                                                                                                                                                                         |  |                                                 | <input type="checkbox"/>                                                                                           |                                                                                                            |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3 |                                                                                                                                                                                         |  | DRIVER DISTRACTED BY                            |                                                                                                                    | ALCOHOL / DRUG SUSPECTED                                                                                   |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CONDITION                |     | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                   |  | DRUG TEST(S)                                                                                                                      |                                                                                                                                                              |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     | STATUS:   TYPE:   VALUE: .                                                                                                                                                                                                                                                                                                                                                                     |  | STATUS:   TYPE:   RESULT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>     |                                                                                                                                                              |          |  |         |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                            | AIR BAG                                                                                                                                                                                 |  |                                                 | OL CLASS                                                                                                           |                                                                                                            |                                   | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |     | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                   | TEST STATUS                                                                                                                                                  |          |  |         |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                   |  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |  |                            | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN                                           |  |                                                 | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL |                                                                                                            |                                   | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER |                          |     | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |  |                                                                                                                                   | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN     |          |  |         |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                           |  | EJECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                            | OL ENDORSEMENT                                                                                                                                                                          |  |                                                 | GENDER                                                                                                             |                                                                                                            |                                   | CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |     | DRUG TEST TYPE                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                   | DRUG TEST RESULT(S)                                                                                                                                          |          |  |         |  |
| 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 |  |                                                 | 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                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                   | 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 |          |  |         |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |  | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                            |                                                                                                                                                                                         |  |                                                 |                                                                                                                    |                                                                                                            |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                   |                                                                                                                                                              |          |  |         |  |

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

M-P2602533

| 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        |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2                                                                              | RUMMAN, NOUR ABU                                                                       |                                    |                                                 | 07/29/2018                        |                                                  | 8                | U             |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADDRESS: STREET, CITY, STATE, ZIP<br>23 DIXIE DR, MOUNT VERNON, OH 43050       |                                                                                        |                                    |                                                 | CONTACT PHONE - INCLUDE AREA CODE |                                                  |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INJURIES                                                                       | INJURED TAKEN BY                                                                       | EMS AGENCY (NAME)                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5                                                                              |                                                                                        |                                    |                                                 | 1                                 |                                                  | 99               | 5             | 4        | 1       |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <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\***

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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b><br>FINLEY, NELSON                                     |                                    |                                                        | <b>DATE OF BIRTH</b><br>09/04/2020       |                                                  | <b>AGE</b><br>5               | <b>GENDER</b><br>M        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b><br>GRIMALDO, PARKER                                   |                                    |                                                        | <b>DATE OF BIRTH</b><br>03/06/2019       |                                                  | <b>AGE</b><br>7               | <b>GENDER</b><br>M        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b><br>NELSON, CREED                                      |                                    |                                                        | <b>DATE OF BIRTH</b><br>01/25/2019       |                                                  | <b>AGE</b><br>7               | <b>GENDER</b><br>M        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b><br>SPEARMEN, MEREDITH                                 |                                    |                                                        | <b>DATE OF BIRTH</b><br>10/26/2018       |                                                  | <b>AGE</b><br>7               | <b>GENDER</b><br>F        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>4061 POSSUM ST, MOUNT VERNON, OH 43050 |                                                                                        |                                    |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>INJURIES</b><br>5                                                               | <b>INJURED TAKEN BY</b><br><input type="checkbox"/>                                    | <b>EMS AGENCY (NAME)</b>           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>1        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>99 | <b>AIR BAG USAGE</b><br>5 | <b>EJECTION</b><br>4 | <b>TRAPPED</b><br>1 |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| <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  |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b>                                                   |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                    | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b>                                                   |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                    | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b>                                                   |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                    | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| 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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| <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                 |                                                 |                                   |                                                  |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| 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\***

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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                     | <b>NAME: LAST, FIRST, MIDDLE</b><br>DONOVAN, CHARLEIGH                                 |                                    |                                                        | <b>DATE OF BIRTH</b><br>09/18/2015       |                                                  | <b>AGE</b><br>10              | <b>GENDER</b><br>F        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                     | <b>NAME: LAST, FIRST, MIDDLE</b><br>ROUSH, TRINITY                                     |                                    |                                                        | <b>DATE OF BIRTH</b><br>03/09/2018       |                                                  | <b>AGE</b><br>8               | <b>GENDER</b><br>F        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                     | <b>NAME: LAST, FIRST, MIDDLE</b><br>ROUSH, KENNETH                                     |                                    |                                                        | <b>DATE OF BIRTH</b><br>12/04/2016       |                                                  | <b>AGE</b><br>9               | <b>GENDER</b><br>M        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                     | <b>NAME: LAST, FIRST, MIDDLE</b><br>COLBIE, BUSINGER                                   |                                    |                                                        | <b>DATE OF BIRTH</b><br>08/26/2015       |                                                  | <b>AGE</b><br>11              | <b>GENDER</b><br>F        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>7579 RANGE LINE RD, MOUNT VERNON, OH 43050 |                                                                                        |                                    |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>INJURIES</b><br>5                                                                   | <b>INJURED TAKEN BY</b>                                                                | <b>EMS AGENCY (NAME)</b>           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>1        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>99 | <b>AIR BAG USAGE</b><br>5 | <b>EJECTION</b><br>4 | <b>TRAPPED</b><br>1 |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td></td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td><b>INJURED TAKEN BY</b></td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td></td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> <td><b>EJECTION</b></td> </tr> <tr> <td>2 - EMS</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> <td>1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td><b>GENDER</b></td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td><b>TRAPPED</b></td> </tr> <tr> <td>M - MALE</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>15 - NON-MOTORIST</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>99 - OTHER / UNKNOWN</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> </tbody> </table> |                                                                                        |                                                                                        |                                    |                                                        |                                          |                                                  |                               |                           |                      | INJURY              | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | <b>INJURED TAKEN BY</b> | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) |  | 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - HELMET USED | 8 - THIRD - MIDDLE | <b>EJECTION</b> | 2 - EMS | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 1 - NOT EJECTED | 3 - POLICE | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 2 - PARTIALLY EJECTED | 9 - OTHER / UNKNOWN | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED | <b>GENDER</b> | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 4 - NOT APPLICABLE | F - FEMALE |  | 13 - TRAILING UNIT | <b>TRAPPED</b> | M - MALE |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 1 - NOT TRAPPED | U - OTHER / UNKNOWN |  | 15 - NON-MOTORIST | 2 - EXTRICATED BY MECHANICAL MEANS |  |  | 99 - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS |
| INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAFETY EQUIPMENT USED                                                                  | SEATING POSITION                                                                       | AIR BAG USAGE                      |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 1 - FATAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 - NONE USED - VEHICLE OCCUPANT                                                       | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                              | 1 - NOT DEPLOYED                   |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 2 - SUSPECTED SERIOUS INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 - SHOULDER BELT ONLY USED                                                            | 2 - FRONT - MIDDLE                                                                     | 2 - DEPLOYED FRONT                 |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 3 - SUSPECTED MINOR INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3 - LAP BELT ONLY USED                                                                 | 3 - FRONT - RIGHT SIDE                                                                 | 3 - DEPLOYED SIDE                  |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 4 - POSSIBLE INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4 - SHOULDER & LAP BELT USED                                                           | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)                                          | 4 - DEPLOYED BOTH FRONT / SIDE     |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING                                            | 5 - SECOND - MIDDLE                                                                    | 5 - NOT APPLICABLE                 |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 - CHILD RESTRAINT SYSTEM - REAR FACING                                               | 6 - SECOND - RIGHT SIDE                                                                | 9 - DEPLOYMENT UNKNOWN             |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>INJURED TAKEN BY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7 - BOOSTER SEAT                                                                       | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            |                                    |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8 - HELMET USED                                                                        | 8 - THIRD - MIDDLE                                                                     | <b>EJECTION</b>                    |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 2 - EMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)                                          | 9 - THIRD - RIGHT                                                                      | 1 - NOT EJECTED                    |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 3 - POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10 - REFLECTIVE CLOTHING                                                               | 10 - SLEEPER SECTION OF TRUCK CAB                                                      | 2 - PARTIALLY EJECTED              |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY                                              | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>GENDER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 99 - OTHER / UNKNOWN                                                                   | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | 4 - NOT APPLICABLE                 |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| F - FEMALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        | 13 - TRAILING UNIT                                                                     | <b>TRAPPED</b>                     |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| M - MALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        | 15 - NON-MOTORIST                                                                      | 2 - EXTRICATED BY MECHANICAL MEANS |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        | 99 - OTHER / UNKNOWN                                                                   | 3 - FREED BY NON-MECHANICAL MEANS  |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                    | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>                                               |                                                                                        |                                    |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                    | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                    | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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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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| <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                 |                                                 |                       |                                                  |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| 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-P2602533

| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                    | <b>NAME: LAST, FIRST, MIDDLE</b><br>WOODRUFF, ALAYNA                                   |                                    |                                                        | <b>DATE OF BIRTH</b><br>05/09/2018       |                                                  | <b>AGE</b><br>8               | <b>GENDER</b><br>F        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                    | <b>NAME: LAST, FIRST, MIDDLE</b><br>DIVELBISS, HUGH                                    |                                    |                                                        | <b>DATE OF BIRTH</b><br>03/30/2019       |                                                  | <b>AGE</b><br>7               | <b>GENDER</b><br>M        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                    | <b>NAME: LAST, FIRST, MIDDLE</b><br>LORD, TUCKER                                       |                                    |                                                        | <b>DATE OF BIRTH</b><br>08/16/2019       |                                                  | <b>AGE</b><br>7               | <b>GENDER</b><br>M        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>16641 MURRAY RD, MOUNT VERNON, OH 43050   |                                                                                        |                                    |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                    | <b>NAME: LAST, FIRST, MIDDLE</b><br>LANNING, KHARSON                                   |                                    |                                                        | <b>DATE OF BIRTH</b><br>07/25/2018       |                                                  | <b>AGE</b><br>8               | <b>GENDER</b><br>M        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>228 DELANO STREET, MOUNT VERNON, OH 43050 |                                                                                        |                                    |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>INJURIES</b><br>5                                                                  | <b>INJURED TAKEN BY</b><br><input type="checkbox"/>                                    | <b>EMS AGENCY (NAME)</b>           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>1        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>99 | <b>AIR BAG USAGE</b><br>5 | <b>EJECTION</b><br>4 | <b>TRAPPED</b><br>1 |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td></td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td><b>INJURED TAKEN BY</b></td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td></td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> <td><b>EJECTION</b></td> </tr> <tr> <td>2 - EMS</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> <td>1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td><b>GENDER</b></td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td><b>TRAPPED</b></td> </tr> <tr> <td>M - MALE</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>15 - NON-MOTORIST</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>99 - OTHER / UNKNOWN</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> </tbody> </table> |                                                                                       |                                                                                        |                                    |                                                        |                                          |                                                  |                               |                           |                      | INJURY              | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | <b>INJURED TAKEN BY</b> | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) |  | 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - HELMET USED | 8 - THIRD - MIDDLE | <b>EJECTION</b> | 2 - EMS | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 1 - NOT EJECTED | 3 - POLICE | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 2 - PARTIALLY EJECTED | 9 - OTHER / UNKNOWN | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED | <b>GENDER</b> | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 4 - NOT APPLICABLE | F - FEMALE |  | 13 - TRAILING UNIT | <b>TRAPPED</b> | M - MALE |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 1 - NOT TRAPPED | U - OTHER / UNKNOWN |  | 15 - NON-MOTORIST | 2 - EXTRICATED BY MECHANICAL MEANS |  |  | 99 - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS |
| INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAFETY EQUIPMENT USED                                                                 | SEATING POSITION                                                                       | AIR BAG USAGE                      |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 1 - FATAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 - NONE USED - VEHICLE OCCUPANT                                                      | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                              | 1 - NOT DEPLOYED                   |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 2 - SUSPECTED SERIOUS INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 - SHOULDER BELT ONLY USED                                                           | 2 - FRONT - MIDDLE                                                                     | 2 - DEPLOYED FRONT                 |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 3 - SUSPECTED MINOR INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3 - LAP BELT ONLY USED                                                                | 3 - FRONT - RIGHT SIDE                                                                 | 3 - DEPLOYED SIDE                  |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 4 - POSSIBLE INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4 - SHOULDER & LAP BELT USED                                                          | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)                                          | 4 - DEPLOYED BOTH FRONT / SIDE     |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING                                           | 5 - SECOND - MIDDLE                                                                    | 5 - NOT APPLICABLE                 |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 - CHILD RESTRAINT SYSTEM - REAR FACING                                              | 6 - SECOND - RIGHT SIDE                                                                | 9 - DEPLOYMENT UNKNOWN             |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>INJURED TAKEN BY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7 - BOOSTER SEAT                                                                      | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            |                                    |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8 - HELMET USED                                                                       | 8 - THIRD - MIDDLE                                                                     | <b>EJECTION</b>                    |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 2 - EMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)                                         | 9 - THIRD - RIGHT                                                                      | 1 - NOT EJECTED                    |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 3 - POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10 - REFLECTIVE CLOTHING                                                              | 10 - SLEEPER SECTION OF TRUCK CAB                                                      | 2 - PARTIALLY EJECTED              |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY                                             | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>GENDER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 99 - OTHER / UNKNOWN                                                                  | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | 4 - NOT APPLICABLE                 |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| F - FEMALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | 13 - TRAILING UNIT                                                                     | <b>TRAPPED</b>                     |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| M - MALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       | 15 - NON-MOTORIST                                                                      | 2 - EXTRICATED BY MECHANICAL MEANS |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | 99 - OTHER / UNKNOWN                                                                   | 3 - FREED BY NON-MECHANICAL MEANS  |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b>                                                      |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                    | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b>                                                      |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                    | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b>                                                      |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                    | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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# OCCUPANT / WITNESS ADDENDUM

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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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| <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-P2602533

| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                     | <b>NAME: LAST, FIRST, MIDDLE</b><br>MCCLARY, GRAYSON                                   |                                    |                                                        | <b>DATE OF BIRTH</b><br>11/13/2017       |                                                  | <b>AGE</b><br>8               | <b>GENDER</b><br>M        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                     | <b>NAME: LAST, FIRST, MIDDLE</b><br>ADELMAN, SCARLETT                                  |                                    |                                                        | <b>DATE OF BIRTH</b><br>08/17/2015       |                                                  | <b>AGE</b><br>11              | <b>GENDER</b><br>F        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>INJURIES</b><br>5                                                                   | <b>INJURED TAKEN BY</b>                                                                | <b>EMS AGENCY (NAME)</b>           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>1        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>99 | <b>AIR BAG USAGE</b><br>5 | <b>EJECTION</b><br>4 | <b>TRAPPED</b><br>1 |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                     | <b>NAME: LAST, FIRST, MIDDLE</b><br>BELL, MARLEY                                       |                                    |                                                        | <b>DATE OF BIRTH</b><br>04/05/2016       |                                                  | <b>AGE</b><br>10              | <b>GENDER</b><br>F        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1029 NEWARK RD, MOUNT VERNON, OH 43050     |                                                                                        |                                    |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                     | <b>NAME: LAST, FIRST, MIDDLE</b><br>MCCLARY, KYSON                                     |                                    |                                                        | <b>DATE OF BIRTH</b><br>11/13/2017       |                                                  | <b>AGE</b><br>8               | <b>GENDER</b><br>M        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>17691 MURRAY RD, MOUNT VERNON, OH 43050    |                                                                                        |                                    |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td><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  |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                    | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                    | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                    | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

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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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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UNIT #                                                                         | NAME: LAST, FIRST, MIDDLE                                                              |                                    |                                                 |                       | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 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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| <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   |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 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                |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE                                                         |                                                                                        |                                    |                                                 |                       | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADDRESS: STREET, CITY, STATE, ZIP                                                 |                                                                                        |                                    |                                                 |                       | CONTACT PHONE - INCLUDE AREA CODE                |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |

## 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"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                        | LOCAL INFORMATION                                                                                                                                                                                                                                                         |                                                                                                                                                                                             | M-P2602537                           |                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                                                                                                                                                                                                       | 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>09/03/2026 07:39 |                                                                                                                                                                                                                                                                                                                |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      |                                                        | ROUTE NUMBER                                                                                                                                                                                                                          | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                  | LOCATION ROAD NAME<br>TOWN CENTER SHELL                                                                                                                                                     | ROAD TYPE<br>ST                      | LATITUDE<br>40.406278                                                                                                                                                                                                                                                                                          |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      |                                                        | ROUTE NUMBER                                                                                                                                                                                                                          | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>670 NORTH SANDUSKY STREET                                                                                                                  | ROAD TYPE                            | LONGITUDE<br>-82.492895                                                                                                                                                                                                                                                                                        |  |
| REFERENCE POINT<br>3 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 |  |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                                                         |                                                        | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                        |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                             |                                      | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                             |                                      | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                                                            |  |
| LOCATION OF FIRST HARMFUL EVENT<br>6 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN |                                                        |                                                                                                                                                                                                                                       | MANNER OF CRASH COLLISION/IMPACT<br>8 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |                                                                                                                                                                                             |                                      | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                          |  |
| MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN                                                                                                                                                                        |                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                       |                                                        | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                       |                                                                                                                                                                                                                                                                           | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                 |                                      | CONTOUR<br>1                                                                                                                                                                                                                                                                                                   |  |
| 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 |                                                                                                                                                                                                                                                                           | CONDITIONS<br>1 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 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 in the marked travel lane of the Town Center Shell parking lot. Unit 2 was parked northbound in a marked parking space. Unit 1 attempted to turn eastbound. The attached trailer to Unit 1 struck the left rear corner of Unit 2.                                                                                  |                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           | DIAGRAM<br><p>Key:<br/>Unit 1 = 2015 Chevrolet Silverado<br/>Unit 2 = 1993 Chrysler New Yorker<br/>Unit 1 = 2025 Hena Trailer<br/>= Direction of travel<br/>= Building<br/>= Fuel pumps</p> |                                      |                                                                                                                                                                                                                                                                                                                |  |
| CRASH REPORTED DATE/TIME<br>09/03/2026 07:40                                                                                                                                                                                                                                                                                                                    |                                                        | DISPATCH DATE/TIME<br>09/03/2026 07:40                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           | ARRIVAL DATE/TIME<br>09/03/2026 07:47                                                                                                                                                       |                                      | SCENE CLEARED DATE/TIME<br>09/03/2026 08:07                                                                                                                                                                                                                                                                    |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                  |                                                        | OTHER INVESTIGATION TIME<br>25                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                           | TOTAL MINUTES<br>52                                                                                                                                                                         |                                      | OFFICER'S NAME*<br>Trowbridge, Justin                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           | OFFICER'S BADGE NUMBER*<br>292-23                                                                                                                                                           |                                      | CHECKED BY OFFICER'S NAME*                                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                             |                                      | CHECKED BY OFFICER'S BADGE NUMBER*                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                             |                                      | 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)                                                                                                              |  |

M-P2602537

|                                                                                                                                       |                                                                                               |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>LIN, HUANG SEN | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>4400 MELROSE DR LOT 170, WOOSTER, OH 44691     |                                                                                               |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                               | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>HANQ168                                                                    | VEHICLE IDENTIFICATION #<br>1GCVKREC9FZ233905                          |
| VEHICLE YEAR<br>2015                                                                                                                  | VEHICLE MAKE<br>Chevrolet                                                                     |                                                                        |
| INSURANCE VERIFIED                                                                                                                    | INSURANCE COMPANY<br>PROGRESSIVE INSURANCE                                                    | INSURANCE POLICY #<br>987460724                                        |
| COLOR<br>Red                                                                                                                          | VEHICLE MODEL<br>Silverado                                                                    |                                                                        |
| 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>4                                                                                                                        | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.       |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                              | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.       |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                     |                                                                                               |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                            |                                                                                               |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                 |                                                                                               |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                  |                                                                                               |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                  |                                                                                               |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                  |                                                                                               |                                                                        |
| ACTION<br>3                                                                                                                           |                                                                                               |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>6                                                                                                       |                                                                                               |                                                                        |
| SEQUENCE OF EVENTS<br>1                                                                                                               |                                                                                               |                                                                        |
| EVENTS<br>1                                                                                                                           |                                                                                               |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>1                                                                                             |                                                                                               |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                              |                                                                                               |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                               |                                                                                               |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

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

## INITIAL POINT OF CONTACT

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

## TRAFFIC

|                                              |                          |
|----------------------------------------------|--------------------------|
| TRAFFICWAY FLOW<br>2                         | TRAFFIC CONTROL<br>6     |
| # OF THROUGH LANES ON ROAD<br>2              | RAIL GRADE CROSSING<br>1 |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 3 |                          |
| UNIT SPEED<br>15                             | DETECTED SPEED<br>3      |

M-P2602537

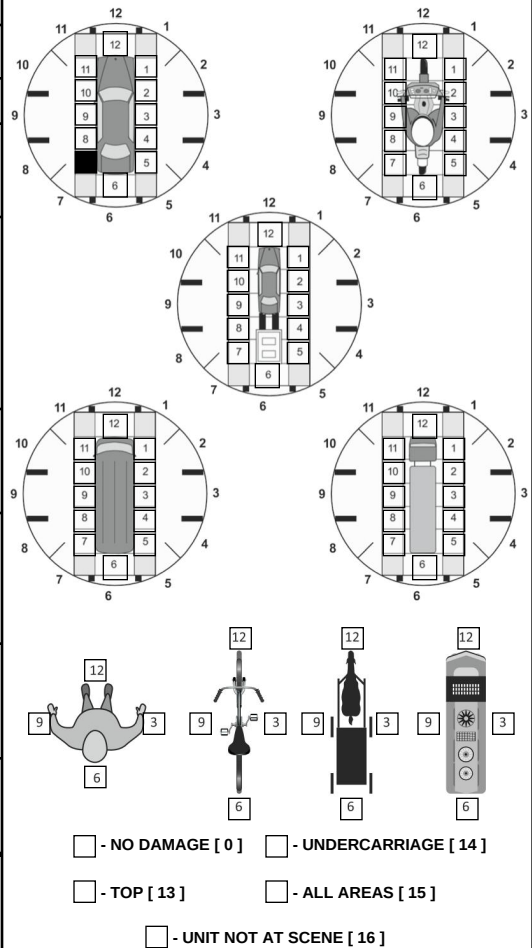
|                                                                                                                                                                    |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                                                        | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>SCOTT, SHARON A |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>300 COTTAGE ST STE D, MT VERNON, OH 43050                                   |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| LP STATE<br>OH                                                                                                                                                     | LICENSE PLATE #<br>JNS6743                                                                     | VEHICLE IDENTIFICATION #<br>1C3XC66R9PD182237                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VEHICLE YEAR<br>1993                                                                                                                                                               | VEHICLE MAKE<br>Chrysler                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> INSURANCE<br>VERIFIED                                                                                                                     | INSURANCE COMPANY                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | INSURANCE POLICY #                                                                                                                                                                 | COLOR<br>Green                                                                                                                                                                                                                                                                                                                                                                                                                    |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY<br>RESPONSE                           |                                                                                                | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOWED BY: COMPANY NAME                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> INTERLOCK<br>DEVICE<br>EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                                                                    |                                                                                                | # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL<br>RELEASED <input type="checkbox"/> PLACARD <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. |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN<br>(MINIVAN)<br>3 - SPORT UTILITY<br>VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>0                              |                                                                                                | # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| WAS VEHICLE OPERATING IN<br>AUTONOMOUS MODE<br>WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>2                                                        |                                                                                                | AUTONOMOUS<br>MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL<br>AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| SPECIAL<br>FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE<br>SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT<br>/COMMUTER                            |                                                                                                | 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<br>EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE<br>PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CARGO<br>BODY<br>TYPE<br>1 - NO CARGO BODY<br>TYPE / NOT<br>APPLICABLE<br>2 - BUS                                                                                  |                                                                                                | 3 - VEHICLE TOWING<br>ANOTHER MOTOR<br>VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL<br>CONTAINER CHASSIS<br>6 - CARGO VAN/<br>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<br>DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                                                         |                                                                                                | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK<br>TIRES<br>8 - TRAILER<br>EQUIPMENT<br>DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM<br>PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| NON-MOTORIST<br>LOCATION<br>AT IMPACT<br>1 - INTERSECTION -<br>MARKED<br>CROSSWALK<br>2 - INTERSECTION -<br>UNMARKED<br>CROSSWALK                                  |                                                                                                | 3 - INTERSECTION -<br>OTHER<br>4 - MIDBLOCK -<br>MARKED CROSSWALK<br>5 - TRAVEL LANE -<br>OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/<br>ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING<br>ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS<br>OR TRAILS<br>12 - FIRST RESPONDER<br>AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>10<br>STRIKING PRE-CRASHES<br>& STRUCK ACTIONS<br>9 - OTHER/UNKNOWN    |                                                                                                | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/<br>PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC<br>LANE<br>9 - LEAVING TRAFFIC<br>LANE<br>10 - PARKED<br>11 - SLOWING OR<br>STOPPED IN<br>TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A<br>CURVE<br>14 - ENTERING OR<br>CROSSING<br>SPECIFIED LOCATION<br>15 - WALKING, RUNNING,<br>JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR<br>LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-<br>MOTORIST<br>21 - STANDING OUTSIDE<br>DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CONTRIBUTING<br>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               |                                                                                                | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO<br>CLOSE/ACDA<br>9 - IMPROPER LANE<br>CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START<br>FROM A PARKED<br>POSITION<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>CROSSING<br>21 - LYING IN<br>ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR<br>INTO ROADWAY<br>99 - OTHER IMPROPER<br>ACTION                                                                 |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| SEQUENCE OF EVENTS                                                                                                                                                 |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| EVENTS                                                                                                                                                             |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1                                                                                                                                                                  | 20                                                                                             | 1 - OVERTURN/<br>ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT<br>LOSS OR SHIFT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6 - EQUIPMENT<br>FAILURE<br>7 - SEPARATION OF<br>UNITS<br>8 - RAN OFF ROAD<br>RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN                                                  | 11 - CROSS CENTERLINE<br>OPPOSITE<br>DIRECTION OF<br>TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-<br>COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE                                                                                                                                                                                                                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4                                                                                                                                                                  |                                                                                                | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION<br>26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE<br>BARRIER<br>34 - MEDIAN GUARDRAIL<br>BARRIER<br>35 - MEDIAN CONCRETE<br>BARRIER<br>36 - MEDIAN OTHER<br>BARRIER | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>POST<br>39 - LIGHT/LUMINARIES<br>SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE<br>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<br>50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT<br>99 - OTHER/UNKNOWN |
| FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1                                                                                                                         |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

7 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE  
DIAGRAM 99 - UNKNOWN  
13 - TOP

## TRAFFIC

|                                                                                                                                                                             |                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                             | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT<br>2 - SIGNAL 4 - STOP SIGN<br>3 - FLASHER 5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES<br>ON ROAD<br>2                                                                                                                                          | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE<br>CROSSING     |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 1<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                                 |
| UNIT SPEED<br>0                                                                                                                                                             | DETECTED SPEED<br>1 1 - STATED/ESTIMATED<br>SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                     |
| POSTED SPEED<br>15                                                                                                                                                          |                                                                                                                 |

| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
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| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER   |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |          | LIN, HUANG SEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                                                                                                                               |                                                                                                            | 12/25/1971                                                                                                                                                                   |                  | 54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M        |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 4400 MELROSE DR LOT 170, WOOSTER, OH 44691                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4        | 1                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | OFFENSE CHARGED                                                                                                                               | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION                                                                                                                                                          |                  | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OH       | VV115070                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            | MTV 331.34                                                                                                                                    |                                                                                                            | Failure To Control/Weaving Course                                                                                                                                            |                  | MVP42012600002949                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 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                                                                                                                                                            |                       |  |  |  |
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| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER   |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
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| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | INJURIES | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                               | SAFETY EQUIPMENT USED                                                                                      | DOT-COMPLIANT MC HELMET                                                                                                                                                      | SEATING POSITION | AIR BAG USAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EJECTION | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                              |                       |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | OFFENSE CHARGED                                                                                                                               | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION                                                                                                                                                          |                  | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
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| 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 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
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| 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<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                |                       |  |  |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | TRAPPED                                                                                                                                       |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | CONDITION                                                                                                                                                                                                                                                                                                                                                                                      |        | DRUG TEST TYPE                                                                                                                                               |                       |  |  |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                    |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN                                                                                                                                            |        | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | GENDER                                                                                                                                                                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | DRUG TEST RESULT(S)                                                                                                                                          |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |                       |  |  |  |

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

M-P2602537

|                                                                                                                          |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                                               |               |          |         |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------|---------|
| OCCUPANT                                                                                                                 | UNIT #                                                                            | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                     |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE OF BIRTH                                                                                                |                                                                                                                                               | AGE           | GENDER   |         |
|                                                                                                                          | 2                                                                                 | SCOTT, SHARON A                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 05/10/1947                                                                                                   |                                                                                                                                               | 79            | F        |         |
|                                                                                                                          | ADDRESS: STREET, CITY, STATE, ZIP<br>300 COTTAGE ST APT D, MOUNT VERNON, OH 43050 |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                            |                                                                                                                                               |               |          |         |
|                                                                                                                          | INJURIES                                                                          | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                              | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET                                                             | SEATING POSITION                                                                                                                              | AIR BAG USAGE | EJECTION | TRAPPED |
|                                                                                                                          | 5                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | 1                                                                                                                                             | 5             | 4        | 1       |
| OCCUPANT                                                                                                                 | UNIT #                                                                            | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                     |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE OF BIRTH                                                                                                |                                                                                                                                               | AGE           | GENDER   |         |
|                                                                                                                          | ADDRESS: STREET, CITY, STATE, ZIP                                                 |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                            |                                                                                                                                               |               |          |         |
|                                                                                                                          | INJURIES                                                                          | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                              | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET                                                             | SEATING POSITION                                                                                                                              | AIR BAG USAGE | EJECTION | TRAPPED |
|                                                                                                                          |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                                               |               |          |         |
| OCCUPANT                                                                                                                 | UNIT #                                                                            | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                     |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE OF BIRTH                                                                                                |                                                                                                                                               | AGE           | GENDER   |         |
|                                                                                                                          | ADDRESS: STREET, CITY, STATE, ZIP                                                 |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                            |                                                                                                                                               |               |          |         |
|                                                                                                                          | INJURIES                                                                          | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                              | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET                                                             | SEATING POSITION                                                                                                                              | AIR BAG USAGE | EJECTION | TRAPPED |
|                                                                                                                          |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                                               |               |          |         |
| OCCUPANT                                                                                                                 | UNIT #                                                                            | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                     |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE OF BIRTH                                                                                                |                                                                                                                                               | AGE           | GENDER   |         |
|                                                                                                                          | ADDRESS: STREET, CITY, STATE, ZIP                                                 |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                            |                                                                                                                                               |               |          |         |
|                                                                                                                          | INJURIES                                                                          | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                              | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET                                                             | SEATING POSITION                                                                                                                              | AIR BAG USAGE | EJECTION | TRAPPED |
|                                                                                                                          |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                                               |               |          |         |
| INJURY                                                                                                                   |                                                                                   | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                 | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              | AIR BAG USAGE                                                                                                                                 |               |          |         |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |                                                                                   | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                   |                                                 | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<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 |               |          |         |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN        |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE     |                                                                                                                                               |               |          |         |
| <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                           |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS |                                                                                                                                               |               |          |         |
| WITNESS                                                                                                                  | 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                                                                            |                                                                                                                                               |               |          |         |
| WITNESS                                                                                                                  | NAME: LAST, FIRST, MIDDLE                                                         |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE OF BIRTH                                                                                                |                                                                                                                                               | AGE           | GENDER   |         |
|                                                                                                                          | ADDRESS: STREET, CITY, STATE, ZIP                                                 |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                            |                                                                                                                                               |               |          |         |

## 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-P2602551                             |                                                                                                                                                                 |                                                                           |                                                                                                                                                                                                                   |  |
| 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>09/04/2026 12:36                                                                                                                                                                                                                                                                           |                                        | CRASH SEVERITY<br>4 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                  |                                                                           |                                                                                                                                                                                                                   |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      | ROUTE NUMBER                                                | PREFIX                                                                                                                                                                   | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                  | LOCATION ROAD NAME<br>COSHOCTON                                                                                                                                                                                                                                           |                   | ROAD TYPE<br>AV                                                                                                                                                                                                                                                                                                | LATITUDE<br>40.401050                  |                                                                                                                                                                 |                                                                           |                                                                                                                                                                                                                   |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      | ROUTE NUMBER                                                | PREFIX                                                                                                                                                                   | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>WOODLAKE                                                                                                                                                                                                                 |                   | ROAD TYPE<br>TL                                                                                                                                                                                                                                                                                                | LONGITUDE<br>-82.451870                |                                                                                                                                                                 |                                                                           |                                                                                                                                                                                                                   |  |
| REFERENCE POINT<br>1 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                                           |                                                             | DIRECTION FROM REFERENCE<br>4 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>240                                                                                                                                                                                                                                                                                                                                  |                                                             | DISTANCE UNIT OF MEASURE<br>2 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>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><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><input type="checkbox"/> 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><input type="checkbox"/> 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 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN                                                                                                                                                                                              |                                        | CONDITIONS<br>1 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 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>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                                     |                   |                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                                                                                 |                                                                           |                                                                                                                                                                                                                   |  |
| NARRATIVE<br>Unit 1 was stopped eastbound in the center turn lane on Coshocton Avenue. Unit 2 was traveling westbound on Coshocton Avenue in the right hand lane. Unit 1 attempted to turn northbound into Taco Bell, failing to yield to Unit 2. Unit 1 was struck in the right side by Unit 2.                                                                |                                                             |                                                                                                                                                                          |                                                                 |                                                                                                                                                                                                                                                                           |                   | DIAGRAM<br><p>Key:</p> <ul style="list-style-type: none"><li>Unit 1 = 2007 Chevrolet Equinox</li><li>Unit 2 = 2015 Chevrolet Silverado</li><li>Witness = Christopher Parlett</li><li>Stopped Truck</li><li>Direction of travel</li><li>Business</li></ul>                                                      |                                        |                                                                                                                                                                 |                                                                           |                                                                                                                                                                                                                   |  |
| CRASH REPORTED DATE/TIME<br>09/04/2026 12:37                                                                                                                                                                                                                                                                                                                    |                                                             | DISPATCH DATE/TIME<br>09/04/2026 12:37                                                                                                                                   |                                                                 | ARRIVAL DATE/TIME<br>09/04/2026 12:42                                                                                                                                                                                                                                     |                   | SCENE CLEARED DATE/TIME<br>09/04/2026 13:44                                                                                                                                                                                                                                                                    |                                        | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                  |                                                                           |                                                                                                                                                                                                                   |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                  | OTHER INVESTIGATION TIME<br>30                              | TOTAL MINUTES<br>97                                                                                                                                                      | OFFICER'S NAME*<br>Trowbridge, Justin                           |                                                                                                                                                                                                                                                                           |                   | CHECKED BY OFFICER'S NAME*                                                                                                                                                                                                                                                                                     |                                        |                                                                                                                                                                 | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                                                                          | OFFICER'S BADGE NUMBER*<br>292-23                               |                                                                                                                                                                                                                                                                           |                   | CHECKED BY OFFICER'S BADGE NUMBER*                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                                                 |                                                                           |                                                                                                                                                                                                                   |  |

M-P2602551

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>BEEMAN, ELIZABETH S | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>11881 MONTGOMERY RD, FREDERICKTOWN, OH 43019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LICENSE PLATE #<br>JTV2073                                                                         | VEHICLE IDENTIFICATION #<br>2CNDL63F676067923                          |
| VEHICLE YEAR<br>2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VEHICLE MAKE<br>Chevrolet                                                                          |                                                                        |
| INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INSURANCE COMPANY<br>PROGRESSIVE INSURANCE                                                         | INSURANCE POLICY #<br>867753020                                        |
| COLOR<br>Black                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VEHICLE MODEL<br>Equinox                                                                           |                                                                        |
| 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>BLUBAUGH BODY AND FRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |                                                                        |
| 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>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    |                                                                        |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                        |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                        |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                 |                                                                                                    |                                                                        |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>6 - STRIKING PRE-CRASHES & STRUCK ACTIONS<br>9 - OTHER/UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |                                                                                                    |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                            |                                                                                                    |                                                                        |

## SEQUENCE OF EVENTS

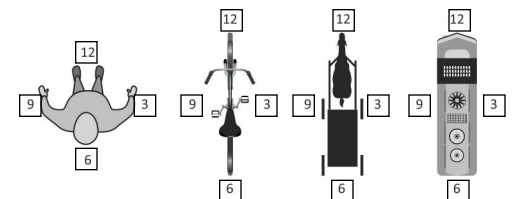
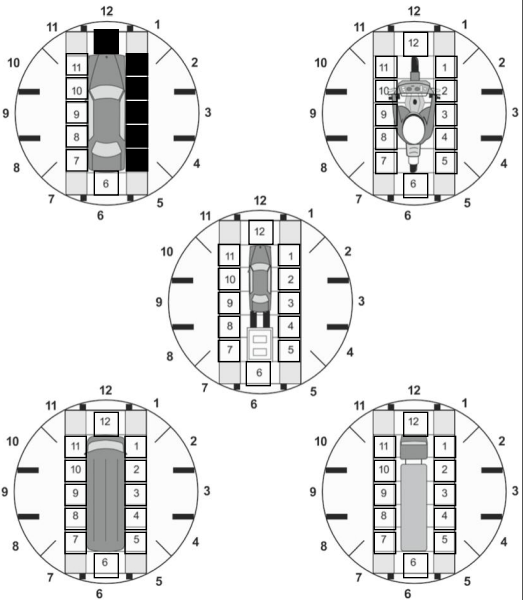
|   |    |                                                                                                                                                                              |                                                                                                                                                                        |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                               |
|---|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| 2 |    |                                                                                                                                                                              |                                                                                                                                                                        |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                               |
| 3 |    |                                                                                                                                                                              |                                                                                                                                                                        |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                               |
| 4 |    | 25 - IMPACT<br>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                                                                              |
| 5 |    |                                                                                                                                                                              |                                                                                                                                                                        |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                               |
| 6 |    |                                                                                                                                                                              |                                                                                                                                                                        |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                               |
| 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

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

15

## DETECTED SPEED

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

## POSTED SPEED

35

| UNIT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | ELLIOTT, SAMUEL EDWARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>17 SPRINGHILL RD, GRANVILLE, OH 43023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LICENSE PLATE #<br>HDD7036                | VEHICLE IDENTIFICATION #<br>3GCUKREC6FG283110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VEHICLE YEAR<br>2015                                                   |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INSURANCE COMPANY<br>STATE FARM INSURANCE | INSURANCE POLICY #<br>3841443SFP35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VEHICLE MAKE<br>Chevrolet                                              |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TOWED BY: COMPANY NAME                                                 |
| INTERLOCK<br>DEVICE<br>EQUIPPED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           | HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | # OCCUPANTS<br>2                                                       |
| VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - <= 10K LBS.<br><input type="checkbox"/> 2 - 10,001 - 26K LBS.<br><input type="checkbox"/> 3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
| UNIT TYPE<br>4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |
| 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 OCCURRED?<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | 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>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>6 - STRIKING PRE-CRASHES & STRUCK ACTIONS<br>9 - OTHER/UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |
| 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 OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |
| 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<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |
| FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |

LOCAL REPORT NUMBER\*  
M-P2602551

DAMAGE  
DAMAGE SCALE  
3  
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  
4  
RAIL GRADE CROSSING  
1  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED  
30  
POSTED SPEED  
35  
DETECTED SPEED  
1  
1 - STATED/ESTIMATED SPEED  
2 - CALCULATED/EDR  
3 - UNDETERMINED

## MOTORIST / NON-MOTORIST

| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |                            | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                           |                                | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER            |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |                            | BEEMAN, JOCELYN MARIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                               |                                                                                                            | 05/25/2009                                                                                                                                                                              |                                | 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F                 |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                       |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
| 5 DOGWOOD TER, 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 |                                                                                                                                                              |                       |
| 4                                                                                                                                                                                                                                                                                                                                                                                          | 2                          | MOUNT VERNON FIRE DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | KNOX COMMUNITY HOSPITAL, MOUNT VERNON                                                                                                         |                                                                                                            | 4                                                                                                                                                                                       | <input type="checkbox"/>       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4                 | 4                                                                                                                                                                                                                                                                                                                                                                                              | 1       |                                                                                                                                                              |                       |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   | OPERATOR LICENSE NUMBER    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | OFFENSE CHARGED                                                                                                                               |                                                                                                            | LOCAL CODE                                                                                                                                                                              | OFFENSE DESCRIPTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITATION NUMBER   |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | MTV 331.17                                                                                                                                    |                                                                                                            |                                                                                                                                                                                         | Right Of Way When Turning Left |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MVP42012600003105 |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | DRIVER DISTRACTED BY                                                                                                                          | ALCOHOL / DRUG SUSPECTED                                                                                   |                                                                                                                                                                                         | CONDITION                      | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | DRUG TEST(S)                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 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                                                                                                                                                                                                                                                                                                                                                                                          |                            | ELLIOTT, SAMUEL EDWARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                               |                                                                                                            | 07/04/1991                                                                                                                                                                              |                                | 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M                 |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                       |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
| 17 SPRINGHILL RD, GRANVILLE, OH 43023                                                                                                                                                                                                                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   | INJURED TAKEN BY           | EMS AGENCY (NAME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                               |                                                                                                            | SAFETY EQUIPMENT USED                                                                                                                                                                   | DOT-COMPLIANT MC HELMET        | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AIR BAG USAGE     | EJECTION                                                                                                                                                                                                                                                                                                                                                                                       | TRAPPED |                                                                                                                                                              |                       |
| 5                                                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                                                                            | 4                                                                                                                                                                                       | <input type="checkbox"/>       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                 | 4                                                                                                                                                                                                                                                                                                                                                                                              | 1       |                                                                                                                                                              |                       |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   | OPERATOR LICENSE NUMBER    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | OFFENSE CHARGED                                                                                                                               |                                                                                                            | LOCAL CODE                                                                                                                                                                              | OFFENSE DESCRIPTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITATION NUMBER   |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
| OH                                                                                                                                                                                                                                                                                                                                                                                         | TH045098                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
| 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                                                                                                                                                       |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   | INJURED TAKEN BY           | EMS AGENCY (NAME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                               |                                                                                                            | SAFETY EQUIPMENT USED                                                                                                                                                                   | DOT-COMPLIANT MC HELMET        | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AIR BAG USAGE     | EJECTION                                                                                                                                                                                                                                                                                                                                                                                       | TRAPPED |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         | <input type="checkbox"/>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   | OPERATOR LICENSE NUMBER    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | OFFENSE CHARGED                                                                                                                               |                                                                                                            | LOCAL CODE                                                                                                                                                                              | OFFENSE DESCRIPTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITATION NUMBER   |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                              |                       |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | DRIVER DISTRACTED BY                                                                                                                          | ALCOHOL / DRUG SUSPECTED                                                                                   |                                                                                                                                                                                         | CONDITION                      | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | DRUG TEST(S)                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                                                                                                         |                                | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TYPE              | VALUE                                                                                                                                                                                                                                                                                                                                                                                          | STATUS  | TYPE                                                                                                                                                         | RESULT SELECT UP TO 4 |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | .                                                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                                                              |                       |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                            | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | AIR BAG                                                                                                                                       |                                                                                                            | OL CLASS                                                                                                                                                                                |                                | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                             |         | TEST STATUS                                                                                                                                                  |                       |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                   |                            | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |  | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |                                                                                                            | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL                                                                      |                                | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER |                   | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |         | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN     |                       |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | EJECTION                                                                                                                                      |                                                                                                            | OL ENDORSEMENT                                                                                                                                                                          |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                |         | ALCOHOL TEST TYPE                                                                                                                                            |                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                                         |                                                                                                            | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                |         | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                |                       |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | TRAPPED                                                                                                                                       |                                                                                                            |                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | CONDITION                                                                                                                                                                                                                                                                                                                                                                                      |         | DRUG TEST TYPE                                                                                                                                               |                       |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                    |                                                                                                            |                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN                                                                                                                                            |         | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                                                                            | GENDER                                                                                                                                                                                  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                |         | DRUG TEST RESULT(S)                                                                                                                                          |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                                                                            | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                           |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                |         | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |                       |

# OCCUPANT / WITNESS ADDENDUM

**LOCAL REPORT NUMBER\***

M-P2602551

| <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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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                                                                        | BEEMAN, ELIZABETH SUE                                                                  |                                    |                                                        |                              | 04/30/1949                                       |                         | 77                   | F               |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>11881 MONTGOMERY RD, FREDERICKTOWN, OH 43019 |                                                                                        |                                    |                                                        |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>INJURIES</b>                                                                          | <b>INJURED TAKEN BY</b>                                                                | <b>EMS AGENCY (NAME)</b>           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4                                                                                        | 2                                                                                      | MOUNT VERNON FIRE DE               | KNOX COMMUNITY HOSPITAL, MOUNT VERNON                  | 4                            | <input type="checkbox"/>                         | 3                       | 4                    | 4               | 1              |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                            | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                            | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                            | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td></td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td><b>INJURED TAKEN BY</b></td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td></td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> <td><b>EJECTION</b></td> </tr> <tr> <td>2 - EMS</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> <td>1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td><b>GENDER</b></td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td><b>TRAPPED</b></td> </tr> <tr> <td>M - MALE</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>15 - NON-MOTORIST</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>99 - OTHER / UNKNOWN</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> </tbody> </table> |                                                                                          |                                                                                        |                                    |                                                        |                              |                                                  |                         |                      |                 |                | INJURY | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | <b>INJURED TAKEN BY</b> | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) |  | 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - HELMET USED | 8 - THIRD - MIDDLE | <b>EJECTION</b> | 2 - EMS | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 1 - NOT EJECTED | 3 - POLICE | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 2 - PARTIALLY EJECTED | 9 - OTHER / UNKNOWN | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED | <b>GENDER</b> | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 4 - NOT APPLICABLE | F - FEMALE |  | 13 - TRAILING UNIT | <b>TRAPPED</b> | M - MALE |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 1 - NOT TRAPPED | U - OTHER / UNKNOWN |  | 15 - NON-MOTORIST | 2 - EXTRICATED BY MECHANICAL MEANS |  |  | 99 - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS |
| INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAFETY EQUIPMENT USED                                                                    | SEATING POSITION                                                                       | AIR BAG USAGE                      |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 1 - FATAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 - NONE USED - VEHICLE OCCUPANT                                                         | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                              | 1 - NOT DEPLOYED                   |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 2 - SUSPECTED SERIOUS INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 - SHOULDER BELT ONLY USED                                                              | 2 - FRONT - MIDDLE                                                                     | 2 - DEPLOYED FRONT                 |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 3 - SUSPECTED MINOR INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3 - LAP BELT ONLY USED                                                                   | 3 - FRONT - RIGHT SIDE                                                                 | 3 - DEPLOYED SIDE                  |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 4 - POSSIBLE INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4 - SHOULDER & LAP BELT USED                                                             | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)                                          | 4 - DEPLOYED BOTH FRONT / SIDE     |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING                                              | 5 - SECOND - MIDDLE                                                                    | 5 - NOT APPLICABLE                 |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 - CHILD RESTRAINT SYSTEM - REAR FACING                                                 | 6 - SECOND - RIGHT SIDE                                                                | 9 - DEPLOYMENT UNKNOWN             |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>INJURED TAKEN BY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7 - BOOSTER SEAT                                                                         | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            |                                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8 - HELMET USED                                                                          | 8 - THIRD - MIDDLE                                                                     | <b>EJECTION</b>                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 2 - EMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)                                            | 9 - THIRD - RIGHT                                                                      | 1 - NOT EJECTED                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 3 - POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10 - REFLECTIVE CLOTHING                                                                 | 10 - SLEEPER SECTION OF TRUCK CAB                                                      | 2 - PARTIALLY EJECTED              |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY                                                | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>GENDER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 99 - OTHER / UNKNOWN                                                                     | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | 4 - NOT APPLICABLE                 |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| F - FEMALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          | 13 - TRAILING UNIT                                                                     | <b>TRAPPED</b>                     |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| M - MALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          | 15 - NON-MOTORIST                                                                      | 2 - EXTRICATED BY MECHANICAL MEANS |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                                                         |                                                                                        |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PARLETT, CHRISTOPHER JOHN                                                                |                                                                                        |                                    |                                                        |                              | 06/04/1972                                       |                         | 54                   | M               |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                                                         |                                                                                        |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                                                         |                                                                                        |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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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-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                                                                                                                    | LOCAL INFORMATION                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              | M-P2602553                                                                                                                                                                                                             |                                                                                                                                                                    |
| 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<br>98 - ANIMAL<br>99 - UNKNOWN                                                                                                                                                                 |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                        |                                                                                                                                                                    |
| COUNTY*<br>42                                                                                                                                                                                                     | LOCALITY*<br>1<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP                       | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Mount Vernon                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              | CRASH DATE/TIME*<br>09/04/2026 14:52                                                                                                                                                                                   |                                                                                                                                                                    |
| CRASH SEVERITY<br>5<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                                                                 |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                        |                                                                                                                                                                    |
| ROUTE TYPE                                                                                                                                                                                                        | ROUTE NUMBER                                                                    | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                                                                                           | LOCATION ROAD NAME<br>HARCOURT                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              | ROAD TYPE<br>RD                                                                                                                                                                                                        | LATITUDE<br>40.394063                                                                                                                                              |
| ROUTE TYPE                                                                                                                                                                                                        | ROUTE NUMBER                                                                    | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                                                                                           | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>OLD DELAWARE                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                              | ROAD TYPE<br>RD                                                                                                                                                                                                        | LONGITUDE<br>-82.506522                                                                                                                                            |
| REFERENCE POINT<br>1<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                          | DIRECTION FROM REFERENCE<br>1<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<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |                                                                                                                                                                    |
| DISTANCE FROM REFERENCE<br>90                                                                                                                                                                                     | DISTANCE UNIT OF MEASURE<br>2<br>1 - MILES<br>2 - FEET<br>3 - YARDS             | LOCATION OF FIRST HARMFUL EVENT<br>1<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>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<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |                                                                                                                                                                                                                        | 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 |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                        |                                                                                                                                                                    |
| 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><input type="checkbox"/> 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><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                                                                                                           |                                                                                                                                                                                                                                                                              | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN                                                                                                   | CONDITIONS<br>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<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN                                 |                                                                                 | WEATHER<br>2<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN                                                                                                                           |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                        |                                                                                                                                                                    |
| NARRATIVE<br>Unit 1 and Unit 2 were traveling southbound on Harcourt Road. Unit 1 failed to stop and struck Unit 2 in the rear-end.                                                                               |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                | DIAGRAM<br><p>Key:<br/>Unit 1 = 2004 Chevrolet Silverado<br/>Unit 2 = 2025 Toyota Tacoma<br/>← ..... = Direction of travel</p>                                                                                                                                               |                                                                                                                                                                                                                        |                                                                                                                                                                    |
| CRASH REPORTED DATE/TIME<br>09/04/2026 14:54                                                                                                                                                                      |                                                                                 | DISPATCH DATE/TIME<br>09/04/2026 14:57                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | ARRIVAL DATE/TIME<br>09/04/2026 15:03                                                                                                                                                                                                                                        |                                                                                                                                                                                                                        | SCENE CLEARED DATE/TIME<br>09/04/2026 15:18                                                                                                                        |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                    | OTHER INVESTIGATION TIME<br>25                                                  | TOTAL MINUTES<br>46                                                                                                                                                                                                                                                                                                                                                | OFFICER'S NAME*<br>Trowbridge, Justin                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              | CHECKED BY OFFICER'S NAME*                                                                                                                                                                                             |                                                                                                                                                                    |
|                                                                                                                                                                                                                   |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    | OFFICER'S BADGE NUMBER*<br>292-23                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              | CHECKED BY OFFICER'S BADGE NUMBER*                                                                                                                                                                                     |                                                                                                                                                                    |
| 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)                 |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                        |                                                                                                                                                                    |

M-P2602553

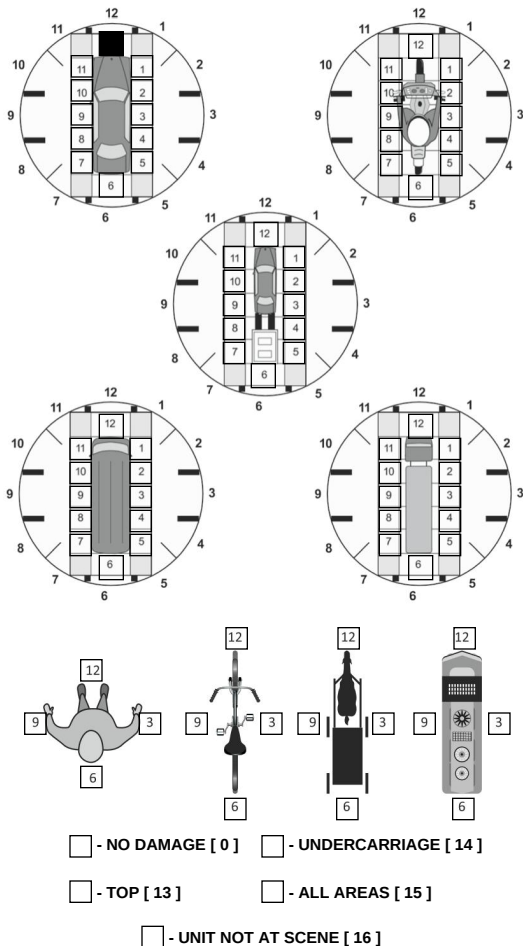
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>GORLEY, ROBERT ALLEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>224 CRYSTAL AVE, MOUNT VERNON, OH 43050        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>JDA5038                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VEHICLE IDENTIFICATION #<br>1GCHK29UX4E186296                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| VEHICLE YEAR<br>2004                                                                                                                  | VEHICLE MAKE<br>Chevrolet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| INSURANCE VERIFIED                                                                                                                    | INSURANCE COMPANY<br>GRANGE INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INSURANCE POLICY #<br>5408820                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| COLOR<br>Silver                                                                                                                       | VEHICLE MODEL<br>Silverado                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| UNIT TYPE<br>4                                                                                                                        | 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                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                      | AUTONOMOUS MODE LEVEL<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 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                                                                                                                 | 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<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                                                                                                                  | 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<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                                                                                                                  | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 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                                                                                                  | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 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>3                                                                                                                           | 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<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>8                                                                                                       | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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                                                                                                                                                                                                                                                                               |
| 5                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 6                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1                                                                                                                                     | FIRST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 MOST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

|                                                                                                                                                                                         |                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                         | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>2                                                                                                                                                         | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING              |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 2<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                                       |
| UNIT SPEED<br>5                                                                                                                                                                         | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                              |
| POSTED SPEED<br>35                                                                                                                                                                      |                                                                                                                       |



| UNIT #                                                                                                                                                                       |  | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)                                                                                                                     |  | OWNER PHONE: INCLUDE AREA CODE ☐ SAME AS DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>2</b>                                                                                                                                                                     |  | <b>TRUST, TOYOTA LEASE</b>                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)<br><b>17543 GAMBIER RD, MOUNT VERNON, OH 43050</b>                                                                |  |                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                          |  |                                                                                                                                                                        |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| LP STATE<br><b>OH</b>                                                                                                                                                        |  | LICENSE PLATE #<br><b>KRH2459</b>                                                                                                                                      |  | VEHICLE IDENTIFICATION #<br><b>3TMLB5JN8SM153529</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                              |  | VEHICLE YEAR<br><b>2025</b>                                                                                                                                            |  | VEHICLE MAKE<br><b>Toyota</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| INSURANCE VERIFIED<br><input checked="" type="checkbox"/>                                                                                                                    |  | INSURANCE COMPANY<br><b>OHIO MUTUAL INSURANCE COMPANY</b>                                                                                                              |  | INSURANCE POLICY #<br><b>AAO0022518</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| TYPE OF USE<br>☐ COMMERCIAL    ☐ GOVERNMENT    ☐ IN EMERGENCY RESPONSE                                                                                                       |  | US DOT #                                                                                                                                                               |  | TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| INTERLOCK DEVICE EQUIPPED<br>☐                                                                                                                                               |  | # OCCUPANTS<br><b>2</b>                                                                                                                                                |  | HAZARDOUS MATERIAL<br>☐ MATERIAL CLASS #    ☐ RELEASED PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| UNIT TYPE<br><b>4</b><br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN                                       |  | VEHICLE WEIGHT GVWR/GCWR<br>☐ 1 - <= 10K LBS.<br>☐ 2 - 10,001 - 26K LBS.<br>☐ 3 - >= 26K LBS.                                                                          |  | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME                                                                                                                                                                                                                                                                                                                                            |  |
| # OF TRAILING UNITS<br><b>0</b>                                                                                                                                              |  | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE                |  | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                                                                                                                                                                                                                                                                            |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><b>2</b><br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                                |  | AUTONOMOUS MODE LEVEL<br><b>0</b><br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION                                                              |  | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION                                                                                                                                                                                                                                                                                                                                                                                             |  |
| SPECIAL FUNCTION<br><b>1</b><br>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<br><b>1</b><br>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<br><b>1</b><br>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<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                           |  |
| NON-MOTORIST LOCATION AT IMPACT<br><b>1</b><br>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<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><b>4</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN                                  |  | 11<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - SLOWING 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<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                                                                                                                                                                         |  |
| CONTRIBUTING CIRCUMSTANCES<br><b>1</b><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                |  | 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<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                                                                                                                                                                       |  |                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 1 <b>20</b><br>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<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<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                                                                                                                                         |  |                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 25 - IMPACT ATTENUATOR/<br>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<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN                                                      |  |
| FIRST HARMFUL EVENT<br><b>1</b>                                                                                                                                              |  | MOST HARMFUL EVENT<br><b>1</b>                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |

| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>M-P2602553</b>                                                                                                                                                                                                                                                                                                        |  |
| DAMAGE                                                                                                                                                                                                                                                                                                                   |  |
| DAMAGE SCALE                                                                                                                                                                                                                                                                                                             |  |
| <div style="display: flex; justify-content: space-between;"> <span><b>2</b> 1 - NONE</span> <span>3 - FUNCTIONAL DAMAGE</span> </div> <div style="display: flex; justify-content: space-between;"> <span>2 - MINOR DAMAGE</span> <span>4 - DISABLING DAMAGE</span> </div> <p style="text-align: center;">9 - UNKNOWN</p> |  |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY                                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                          |  |
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| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                                   |  |          |  |         |  |
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| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                              |  | DATE OF BIRTH                                                                                                      |  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                                   |  |          |  |         |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | GORLEY, ROBERT ALLEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                              |  | 01/12/1966                                                                                                         |  | 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M      |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                                   |  |          |  |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                                   |  |          |  |         |  |
| 224 CRYSTAL AVE, MOUNT VERNON, OH 43050                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                                   |  |          |  |         |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                                                            |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                    |  | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        | DOT-COMPLIANT MC HELMET                                                                                                                                                                                                                                                                                                                                                                        |  | SEATING POSITION                                                                                                                                             |  | AIR BAG USAGE                     |  | EJECTION |  | TRAPPED |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                    |  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                |  | 1                                                                                                                                                            |  | 1                                 |  | 4        |  | 1       |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                              |  | OFFENSE CHARGED                                                                                                    |  | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                              |  | CITATION NUMBER                   |  |          |  |         |  |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |  | RF889123                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                              |  | MTV 333.03A                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        | ACDA- Assured Clear Distance Ah                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  | MVP42012600003108                 |  |          |  |         |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                                                   |  | DRIVER DISTRACTED BY                                                                                               |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | CONDITION                                                                                                                                                                                                                                                                                                                                                                                      |  | ALCOHOL TEST                                                                                                                                                 |  | DRUG TEST(S)                      |  |          |  |         |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  | 7                                                                                                                  |  | <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                                                                                                                                                                                                                                                                                                                                                                                          |  | CANTRELL, JUDY A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                              |  | 03/28/1960                                                                                                         |  | 66                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F      |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                                   |  |          |  |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                                   |  |          |  |         |  |
| 17543 GAMBIER 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 |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                    |  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                |  | 1                                                                                                                                                            |  | 1                                 |  | 4        |  | 1       |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                              |  | OFFENSE CHARGED                                                                                                    |  | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                              |  | CITATION NUMBER                   |  |          |  |         |  |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |  | RQ971492                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                              |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                                   |  |          |  |         |  |
| 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 |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                                   |  |          |  |         |  |
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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 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                                   |  |          |  |         |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | 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                                                                                                                                                               |  | GENDER                                                                                                             |  | CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        | DRUG TEST TYPE                                                                                                                                                                                                                                                                                                                                                                                 |  | DRUG TEST RESULT(S)                                                                                                                                          |  |                                   |  |          |  |         |  |
| 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 |  | 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                                                                                                                                                                                                                                                                                                                                  |  | 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 |  |                                   |  |          |  |         |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |  | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                              |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                                   |  |          |  |         |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                              |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                                   |  |          |  |         |  |



## OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

M-P2602553

| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | UNIT #                                                                                                                                                                                                                                                                                                                                                                                                        | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                 |                       | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                         |  |                 |  |                                                                                        |  |                                                                                       |  |               |  |                |  |                                               |  |                                                                                            |  |
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              | 2                                                                                                                                                                                                                                                                                                                                                                                                             | LAPP, KATHY MCMAHON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                               |                                                 |                       | 08/26/1951                                       |                  | 75            | F        |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  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INCLUDE AREA CODE                |                  |               |          |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                         |  |                 |  |                                                                                        |  |                                                                                       |  |               |  |                |  |                                               |  |                                                                                            |  |
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              | INJURIES                                                                                                                                                                                                                                                                                                                                                                                                      | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMS AGENCY (NAME)                                                                                                                             | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | UNIT #                                                                                                                                                                                                                                                                                                                                                                                                        | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                 |                       | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                         |  |                 |  |                                                                                        |  |                                                                                       |  |               |  |                |  |                                               |  |                                                                                            |  |
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INCLUDE AREA CODE                |                  |               |          |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                         |  |                 |  |                                                                                        |  |                                                                                       |  |               |  |                |  |                                               |  |                                                                                            |  |
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              | INJURIES                                                                                                                                                                                                                                                                                                                                                                                                      | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMS AGENCY (NAME)                                                                                                                             | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |                  |               |          |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 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INCLUDE AREA CODE                |                  |               |          |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                         |  |                 |  |                                                                                        |  |                                                                                       |  |               |  |                |  |                                               |  |                                                                                            |  |
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              | INJURIES                                                                                                                                                                                                                                                                                                                                                                                                      | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMS AGENCY (NAME)                                                                                                                             | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |                  |               |          |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | UNIT #                                                                                                                                                                                                                                                                                                                                                                                                        | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                 |                       | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                         |  |                 |  |                                                                                        |  |                                                                                       |  |               |  |                |  |                                               |  |                                                                                            |  |
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INCLUDE AREA CODE                |                  |               |          |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                         |  |                 |  |                                                                                        |  |                                                                                       |  |               |  |                |  |                                               |  |                                                                                            |  |
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              | INJURIES                                                                                                                                                                                                                                                                                                                                                                                                      | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMS AGENCY (NAME)                                                                                                                             | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |                  |               |          |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 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| <table><tr><th>INJURY</th><th>SAFETY EQUIPMENT USED</th><th>SEATING POSITION</th><th>AIR BAG USAGE</th></tr><tr><td>1 - FATAL<br/>2 - SUSPECTED SERIOUS INJURY<br/>3 - SUSPECTED MINOR INJURY<br/>4 - POSSIBLE INJURY<br/>5 - NO APPARENT INJURY</td><td>1 - NONE USED - VEHICLE OCCUPANT<br/>2 - SHOULDER BELT ONLY USED<br/>3 - LAP BELT ONLY USED<br/>4 - SHOULDER &amp; 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</td><td>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 - 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FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<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 - 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| INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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USAGE                                                                                                                                 |                                                 |                       |                                                  |                  |               |          |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              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| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 - 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| <b>INJURED TAKEN BY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                               |                                                 |                       |                                                  |                  |               |          |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                         |  |                 |  |                                                                                        |  |                                                                                       |  |               |  |                |  |                                               |  |                                                                                            |  |
| <b>GENDER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                               | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                               |                                                 |                       |                                                  |                  |               |          |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                         |  |                 |  |                                                                                        |  |                                                                                       |  |               |  |                |  |                                               |  |                                                                                            |  |
| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                 |                       | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  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INCLUDE AREA CODE                |                  |               |          |         |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                         |  |                 |  |                                                                                        |  |                                                                                       |  |               |  |                |  |                                               |  |                                                                                            |  |
| 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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## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

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| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                                             |                                                             | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY                                    | <input type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER                                                                                                                                                                                                           |                                                                                                                                                                             | LOCAL INFORMATION                                                                                                                                                                                                                                                                                              |                                                                                                      | M-P2602556                                                                                                                                                           |                                                                                                                                                                                                   |                                                                                                                                   |
| 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>09/05/2026 12:15                                                                 |                                                                                                                                                                      | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>4                                                 |                                                                                                                                   |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                                                                                    | ROUTE NUMBER                                                | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                        | LOCATION ROAD NAME<br>VERNEDEALE                                                                                                                                                                                                                                          |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | ROAD TYPE<br>DR                                                                                      | LATITUDE<br>40.399199                                                                                                                                                |                                                                                                                                                                                                   |                                                                                                                                   |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                                                                                    | ROUTE NUMBER                                                | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                        | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>COSHOCTON                                                                                                                                                                                                                |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | ROAD TYPE<br>AV                                                                                      | LONGITUDE<br>-82.459531                                                                                                                                              |                                                                                                                                                                                                   |                                                                                                                                   |
| 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<br>2 |                                                                                                                                                                                                   |                                                                                                                                   |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             | 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>1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                |                                                                                                                                                                      | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN          |                                                                                                                                   |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                                                                                     |                                                             | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER |                                                                                                                                                                                                                                                                           | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |                                                                                                                                                                                                                                                                                                                | CONTOUR<br>1                                                                                         |                                                                                                                                                                      | CONDITIONS<br>1                                                                                                                                                                                   | SURFACE<br>2                                                                                                                      |
| LIGHT CONDITION<br>1 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                |                                                             |                                                                                                                                                 | WEATHER<br>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<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |
| NARRATIVE<br>UNIT 1 WAS STOPPED AT THE TRAFFIC SIGNAL FACING NORTH ON VERNEDEALE DR. UNIT 2 WAS IN A WHEELCHAIR HEADING WEST BOUND ON THE SIDEWALK. THE LIGHT WAS RED FOR THE TRAFFIC ON VERNEDEALE DR. THE CROSSWALK SIGNAL WAS WHITE FOR PEDESTRIAN TRAFFIC TO CROSS THE ROAD. UNIT 1 STARTED TO MAKE A RIGHT TURN ONTO COSHOCTON AVE. STRIKING UNIT 2 WHILE IN THE CROSSWALK.<br><br>UNIT 1 WAS MOVED PRIOR TO MY ARRIVAL. |                                                             |                                                                                                                                                 |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             | DIAGRAM<br>                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                                                   |                                                                                                                                   |
| CRASH REPORTED DATE/TIME<br>09/05/2026 12:19                                                                                                                                                                                                                                                                                                                                                                                  |                                                             | DISPATCH DATE/TIME<br>09/05/2026 12:19                                                                                                          |                                                                                                                                                                                                                                                                           | ARRIVAL DATE/TIME<br>09/05/2026 12:25                                                                                                                                       |                                                                                                                                                                                                                                                                                                                | SCENE CLEARED DATE/TIME<br>09/05/2026 12:49                                                          |                                                                                                                                                                      | 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>35                              | TOTAL MINUTES<br>65                                                                                                                             | OFFICER'S NAME*<br>Payne, Jason                                                                                                                                                                                                                                           |                                                                                                                                                                             | CHECKED BY OFFICER'S NAME*                                                                                                                                                                                                                                                                                     |                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                                                   |                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                                                                                                                 | OFFICER'S BADGE NUMBER*<br>292-24                                                                                                                                                                                                                                         |                                                                                                                                                                             | CHECKED BY OFFICER'S BADGE NUMBER*                                                                                                                                                                                                                                                                             |                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                                                   |                                                                                                                                   |

M-P2602556

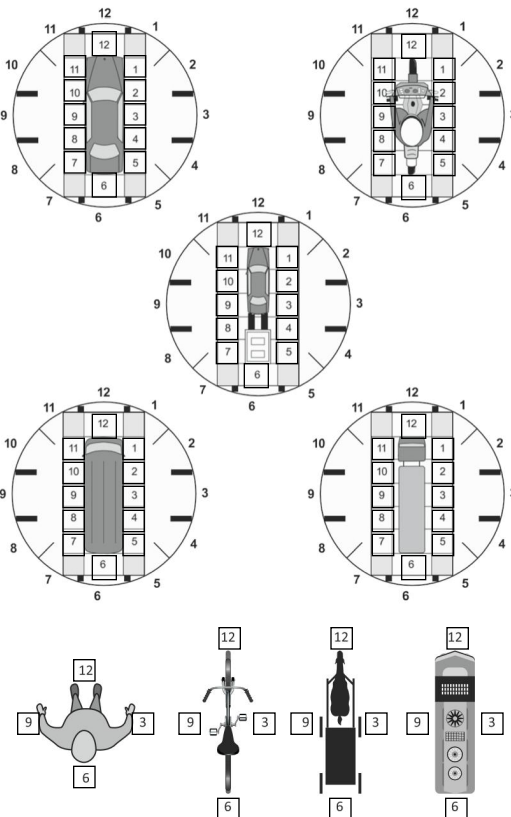
|                                                                                                                                         |                                                                                                      |                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                             | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>LAMB, DALTON JENNINGS | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>11850 UPPER GILCHRIST RD, MOUNT VERNON, OH 43050 |                                                                                                      |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                     |                                                                                                      | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                          | LICENSE PLATE #<br>KNN1713                                                                           | VEHICLE IDENTIFICATION #<br>1FTYR14U71PA21464                          |
| VEHICLE YEAR<br>2001                                                                                                                    | VEHICLE MAKE<br>Ford                                                                                 |                                                                        |
| INSURANCE VERIFIED                                                                                                                      | INSURANCE COMPANY<br>TREXIS INSURANCE                                                                | INSURANCE POLICY #<br>11-34-050678049                                  |
| COLOR<br>Black                                                                                                                          | VEHICLE MODEL<br>Ranger                                                                              |                                                                        |
| 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 #                                                                                                                            |                                                                                                      |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                 |                                                                                                      |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                  |                                                                                                      |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                               |                                                                                                      |                                                                        |
| # OCCUPANTS<br>1                                                                                                                        |                                                                                                      |                                                                        |
| VEHICLE TYPE<br>4                                                                                                                       |                                                                                                      |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                                |                                                                                                      |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                       |                                                                                                      |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                              |                                                                                                      |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                   |                                                                                                      |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                    |                                                                                                      |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                    |                                                                                                      |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                    |                                                                                                      |                                                                        |
| ACTION<br>3                                                                                                                             |                                                                                                      |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>2                                                                                                         |                                                                                                      |                                                                        |
| SEQUENCE OF EVENTS<br>1                                                                                                                 |                                                                                                      |                                                                        |
| EVENTS<br>1                                                                                                                             |                                                                                                      |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>1                                                                                               |                                                                                                      |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                                |                                                                                                      |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                                 |                                                                                                      |                                                                        |

## DAMAGE

## DAMAGE SCALE

- |                  |                       |
|------------------|-----------------------|
| 1 - NONE         | 3 - FUNCTIONAL DAMAGE |
| 2 - MINOR 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                | 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 | 4 - STOP SIGN  |
|   | 2 - SIGNAL     | 5 - YIELD SIGN |
|   | 3 - FLASHER    | 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 2 TO 3

## UNIT SPEED

5

## DETECTED SPEED

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

## POSTED SPEED

25

M-P2602556

|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           |                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                                                                                                                                                                                                                                                             | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )                                               | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                                                       |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                     |                                                                                                                           |                                                                                                                                                              |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                     |                                                                                                                           | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                  |
| LP STATE                                                                                                                                                                                                                                                                                                                                                                | LICENSE PLATE #                                                                                                           | VEHICLE IDENTIFICATION #                                                                                                                                     |
| VEHICLE YEAR                                                                                                                                                                                                                                                                                                                                                            | VEHICLE MAKE                                                                                                              |                                                                                                                                                              |
| <input type="checkbox"/> INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                             | INSURANCE COMPANY                                                                                                         | INSURANCE POLICY #                                                                                                                                           |
| COLOR                                                                                                                                                                                                                                                                                                                                                                   | 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                                                                                                                                                                                                                                                                       |                                                                                                                           | CLASS # PLACARD ID #                                                                                                                                         |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      | HIT/SKIP UNIT <input type="checkbox"/>                                                                                    | # OCCUPANTS <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.                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                                                              |
| UNIT TYPE<br>24                                                                                                                                                                                                                                                                                                                                                         | 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 |                                                                                                                                                              |
| 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 OCCURRED?<br><input type="checkbox"/> 1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                                                                                              |
| AUTONOMOUS MODE LEVEL<br><input type="checkbox"/> 0 - NO AUTOMATION<br><input type="checkbox"/> 1 - DRIVER ASSISTANCE<br><input type="checkbox"/> 2 - PARTIAL AUTOMATION<br><input type="checkbox"/> 3 - CONDITIONAL AUTOMATION<br><input type="checkbox"/> 4 - HIGH AUTOMATION<br><input type="checkbox"/> 5 - FULL AUTOMATION<br><input type="checkbox"/> 9 - UNKNOWN |                                                                                                                           |                                                                                                                                                              |
| SPECIAL FUNCTION<br>99                                                                                                                                                                                                                                                                                                                                                  | 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                                                      |
| CARGO BODY TYPE<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                             | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS                                                                        | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING                                                                                                      |
| VEHICLE DEFECTS<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                             | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                                      | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT                                                                                                               |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                                                                                                                                                                                                                                                    | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK                                              | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION                                                              |
| ACTION<br>4                                                                                                                                                                                                                                                                                                                                                             | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>9 - OTHER/UNKNOWN                       | 13 - STRAIGHT AHEAD<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>11 - MAKING RIGHT TURN & STRUCK ACTIONS<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN |
| CONTRIBUTING CIRCUMSTANCES<br>1                                                                                                                                                                                                                                                                                                                                         | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN       | 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

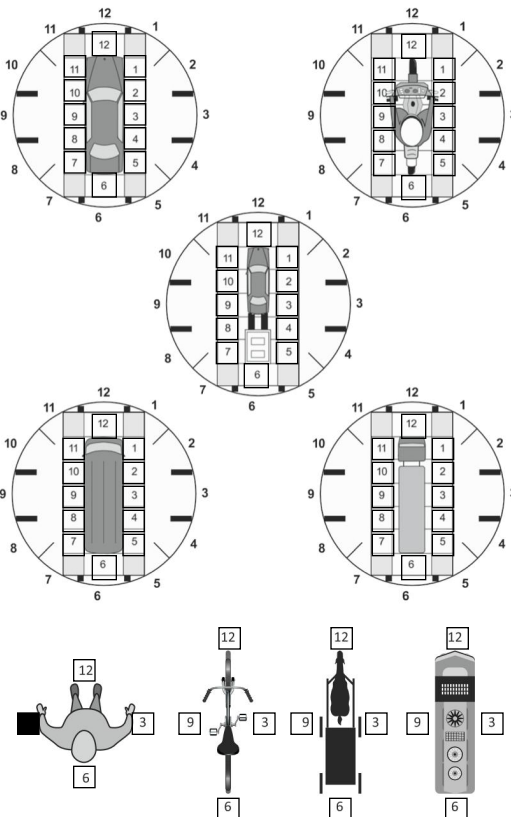
|                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                                                             |                                                                                                                          |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<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                                                                                                                                                                         |                                                                                                                                                                        |                                                                                                                                                             |                                                                                                                          |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                               |
| 5                                                                                                                                                                         |                                                                                                                                                                        |                                                                                                                                                             |                                                                                                                          |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                               |
| 6                                                                                                                                                                         |                                                                                                                                                                        |                                                                                                                                                             |                                                                                                                          |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                               |
| 1                                                                                                                                                                         |                                                                                                                                                                        |                                                                                                                                                             |                                                                                                                          |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                               |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                      |                                                                                                                                                                        |                                                                                                                                                             |                                                                                                                          |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                               |
| 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               | 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN            |                                                                                                                                                                                                                                                                                                                               |
| FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1                                                                                                                                |                                                                                                                                                                        |                                                                                                                                                             |                                                                                                                          |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                               |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

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

## INITIAL POINT OF CONTACT

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

## TRAFFIC

## TRAFFICWAY FLOW

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

## DETECTED SPEED

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

## POSTED SPEED

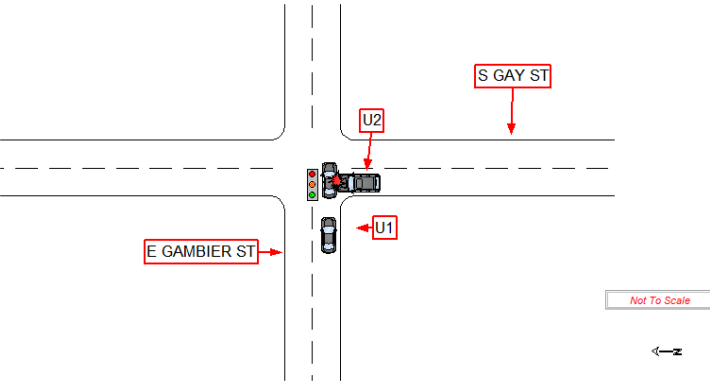
| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                              |  | DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                  |  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | LAMB, DALTON JENNINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                              |  | 05/03/2007                                                                                                                                                                                                                                                                                                                                                                                     |  | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M      |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| 11850 UPPER GILCHRIST RD, MOUNT VERNON, OH 43050                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                                                            |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                                                                                                                                                                |  | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |
| 5                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  | MEDICAL FACILITY                                                                                                                                                                                                                                                                                                                                                                               |  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |
| DOT-Compliant MC Helmet                                                                                                                                                                                                                                                                                                                                                                    |  | Seating Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Air Bag Usage                                                                                                                                                                |  | Ejection                                                                                                                                                                                                                                                                                                                                                                                       |  | Trapped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 4                                                                                                                                                                            |  | 1                                                                                                                                                                                                                                                                                                                                                                                              |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | OFFENSE CHARGED                                                                                                                                                              |  | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                     |  | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |  | VQ117601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                                                   |  | DRIVER DISTRACTED BY                                                                                                                                                                                                                                                                                                                                                                           |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  | 1                                                                                                                                                                                                                                                                                                                                                                                              |  | ALCOHOL MARIJUANA OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |
| CONDITION                                                                                                                                                                                                                                                                                                                                                                                  |  | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | DRUG TEST(S)                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| 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                                                                                                                                                                                                                                                                                                                                                                                          |  | RUCKMAN, DEBRA L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                              |  | 01/16/1958                                                                                                                                                                                                                                                                                                                                                                                     |  | 68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F      |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| 1365 YAUGER RD APT. 215, MOUNT VERNON, OH 43050                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                                                            |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                                                                                                                                                                |  | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |  | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | MOUNT VERNON FIRE DE                                                                                                                                                         |  | KNOX COMMUNITY HOSPITAL, MOUNT VERNON                                                                                                                                                                                                                                                                                                                                                          |  | 99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |
| DOT-Compliant MC Helmet                                                                                                                                                                                                                                                                                                                                                                    |  | Seating Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Air Bag Usage                                                                                                                                                                |  | Ejection                                                                                                                                                                                                                                                                                                                                                                                       |  | Trapped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |
| 15                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | OFFENSE CHARGED                                                                                                                                                              |  | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                     |  | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |  | RL615822                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                                                   |  | DRIVER DISTRACTED BY                                                                                                                                                                                                                                                                                                                                                                           |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  | ALCOHOL MARIJUANA OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |
| CONDITION                                                                                                                                                                                                                                                                                                                                                                                  |  | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | DRUG TEST(S)                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| 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                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                                                   |  | DRIVER DISTRACTED BY                                                                                                                                                                                                                                                                                                                                                                           |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  | ALCOHOL MARIJUANA 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 - 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-P2602556

| 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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| <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 - RIGHT SIDE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td>INJURED TAKEN BY</td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - MIDDLE</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 - RIGHT SIDE | 5 - NOT APPLICABLE | INJURED TAKEN BY | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - MIDDLE | 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 - RIGHT SIDE                                                                | 5 - NOT APPLICABLE                 |                                                 |                       |                                                  |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                         |                    |                  |                                          |                     |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - MIDDLE                                                                    | 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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| 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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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 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 checked="" type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER |                                                                                                                                                                                                                                                                                                | LOCAL INFORMATION                                                                               |                                                                                                                                                                                                                                                                                                                | M-P2602569                                                                |                                                                                                                                                                                 |                                                |                                                                                                                                                                                                    |  |
| 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>09/06/2026 18:57                                                                                                                                                                                                                                                                           |                                                                           | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>4                               |                                                |                                                                                                                                                                                                    |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                                                             | ROUTE NUMBER                                                | PREFIX<br>1 1 - NORTH<br>2 2 - SOUTH<br>3 3 - EAST<br>4 4 - WEST<br>2                                                                                                                                                                                    | LOCATION ROAD NAME<br>GAY                                                  |                                                                                                                                                                                                                                                                                                | ROAD TYPE<br>ST                                                                                 | LATITUDE<br>40.391668                                                                                                                                                                                                                                                                                          |                                                                           |                                                                                                                                                                                 |                                                |                                                                                                                                                                                                    |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                                                             | ROUTE NUMBER                                                | PREFIX<br>1 1 - NORTH<br>2 2 - SOUTH<br>3 3 - EAST<br>4 4 - WEST<br>3                                                                                                                                                                                    | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>GAMBIER                   |                                                                                                                                                                                                                                                                                                | ROAD TYPE<br>ST                                                                                 | LONGITUDE<br>-82.484339                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                                                                                                                 |                                                |                                                                                                                                                                                                    |  |
| REFERENCE POINT<br>1 1 - INTERSECTION<br>2 2 - MILE POST<br>3 3 - HOUSE #<br>1                                                                                                                                                                                                                                                                                                                         |                                                             | DIRECTION FROM REFERENCE<br>1 1 - NORTH<br>2 2 - SOUTH<br>3 3 - EAST<br>4 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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>2 |                                                |                                                                                                                                                                                                    |  |
| DISTANCE FROM REFERENCE<br>0.1                                                                                                                                                                                                                                                                                                                                                                         |                                                             | DISTANCE UNIT OF MEASURE<br>1 1 - MILES<br>2 2 - FEET<br>3 3 - YARDS<br>1                                                                                                                                                                                |                                                                            |                                                                                                                                                                                                                                                                                                |                                                                                                 | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                                                            |                                                                           |                                                                                                                                                                                 |                                                |                                                                                                                                                                                                    |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 1 - ON ROADWAY<br>2 2 - ON SHOULDER<br>3 3 - IN MEDIAN<br>4 4 - ON ROADSIDE<br>5 5 - ON GORE<br>6 6 - OUTSIDE TRAFFIC WAY<br>7 7 - ON RAMP<br>8 8 - OFF RAMP<br>9 9 - CROSSOVER<br>10 10 - DRIVEWAY/ALLEY ACCESS<br>11 11 - RAILWAY GRADE CROSSING<br>12 12 - SHARED USE PATHS OR TRAILS<br>13 13 - BIKE LANE<br>14 14 - TOLL BOOTH<br>99 99 - OTHER/UNKNOWN<br>1 |                                                             |                                                                                                                                                                                                                                                          |                                                                            | MANNER OF CRASH COLLISION/IMPACT<br>1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 2 - REAR-END<br>3 3 - HEAD-ON<br>4 4 - REAR-TO-REAR<br>5 5 - BACKING<br>6 6 - ANGLE<br>7 7 - SIDESWIPE, SAME DIRECTION<br>8 8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 9 - OTHER/UNKNOWN<br>6 |                                                                                                 |                                                                                                                                                                                                                                                                                                                |                                                                           | DIRECTION OF TRAVEL<br>1 1 - NORTH<br>2 2 - SOUTH<br>3 3 - EAST<br>4 4 - WEST                                                                                                   |                                                | MEDIAN TYPE<br>1 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 3 - DIVIDED, DEPRESSED MEDIAN<br>4 4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 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 1 - LANE CLOSURE<br>2 2 - LANE SHFT/CROSSOVER<br>3 3 - WORK ON SHOULDER OR MEDIAN<br>4 4 - INTERMITTENT OR MOVING WORK<br>5 5 - OTHER                                                                                                |                                                                            | LOCATION OF CRASH IN WORK ZONE<br>1 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 2 - ADVANCE WARNING AREA<br>3 3 - TRANSITION AREA<br>4 4 - ACTIVITY AREA<br>5 5 - TERMINATION AREA                                                                                                          |                                                                                                 | CONTOUR<br>1 1                                                                                                                                                                                                                                                                                                 |                                                                           | CONDITIONS<br>1 1                                                                                                                                                               |                                                | SURFACE<br>2 2                                                                                                                                                                                     |  |
| LIGHT CONDITION<br>1 1 - DAYLIGHT<br>2 2 - DAWN/DUSK<br>3 3 - DARK - LIGHTED ROADWAY<br>4 4 - DARK - ROADWAY NOT LIGHTED<br>5 5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 9 - OTHER/UNKNOWN<br>1                                                                                                                                                                                                          |                                                             | WEATHER<br>1 1 - CLEAR<br>2 2 - CLOUDY<br>3 3 - FOG, SMOG, SMOKE<br>4 4 - RAIN<br>5 5 - SLEET, HAIL<br>6 6 - SNOW<br>7 7 - SEVERE CROSSWINDS<br>8 8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 99 - OTHER/UNKNOWN |                                                                            |                                                                                                                                                                                                                                                                                                |                                                                                                 | 1 1 - STRAIGHT LEVEL<br>2 2 - STRAIGHT GRADE<br>3 3 - CURVE LEVEL<br>4 4 - CURVE GRADE<br>9 9 - OTHER/ UNKNOWN                                                                                                                                                                                                 |                                                                           | 1 1 - DRY<br>2 2 - WET<br>3 3 - SNOW<br>4 4 - ICE<br>5 5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 6 - WATER (STANDING, MOVING)<br>7 7 - SLUSH<br>9 9 - OTHER/UNKNOWN                 |                                                | 1 1 - CONCRETE<br>2 2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 3 - BRICK/BLOCK<br>4 4 - SLAG, GRAVEL, STONE<br>5 5 - DIRT<br>9 9 - OTHER/ UNKNOWN                                                      |  |
| NARRATIVE<br>U1 FAILED TO STOP FOR THE RED LIGHT WHILE TRAVELING EASTBOUND ON GAMBIER ST AT GAY ST. AS A RESULT, U1 STRUCK U2, CAUSING DISABLING DAMAGE TO BOTH VEHICLES.                                                                                                                                                                                                                              |                                                             |                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                                                                                                | DIAGRAM<br> |                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                                                                                                                                 |                                                |                                                                                                                                                                                                    |  |
| CRASH REPORTED DATE/TIME<br>09/06/2026 18:57                                                                                                                                                                                                                                                                                                                                                           |                                                             | DISPATCH DATE/TIME<br>09/06/2026 18:57                                                                                                                                                                                                                   |                                                                            | ARRIVAL DATE/TIME<br>09/06/2026 18:58                                                                                                                                                                                                                                                          |                                                                                                 | SCENE CLEARED DATE/TIME<br>09/06/2026 19:35                                                                                                                                                                                                                                                                    |                                                                           | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                       |                                                |                                                                                                                                                                                                    |  |
| TOTAL TIME ROADWAY CLOSED<br>35                                                                                                                                                                                                                                                                                                                                                                        | OTHER INVESTIGATION TIME<br>20                              | TOTAL MINUTES<br>58                                                                                                                                                                                                                                      | OFFICER'S NAME*<br>Cotter, Andy                                            |                                                                                                                                                                                                                                                                                                | CHECKED BY OFFICER'S NAME*<br>Sims, Paige                                                       |                                                                                                                                                                                                                                                                                                                | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |                                                                                                                                                                                 |                                                |                                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                        |                                                             | OFFICER'S BADGE NUMBER*<br>292-25                                                                                                                                                                                                                        |                                                                            | CHECKED BY OFFICER'S BADGE NUMBER*<br>292-26                                                                                                                                                                                                                                                   |                                                                                                 |                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                                                                                                                                 |                                                |                                                                                                                                                                                                    |  |

M-P2602569

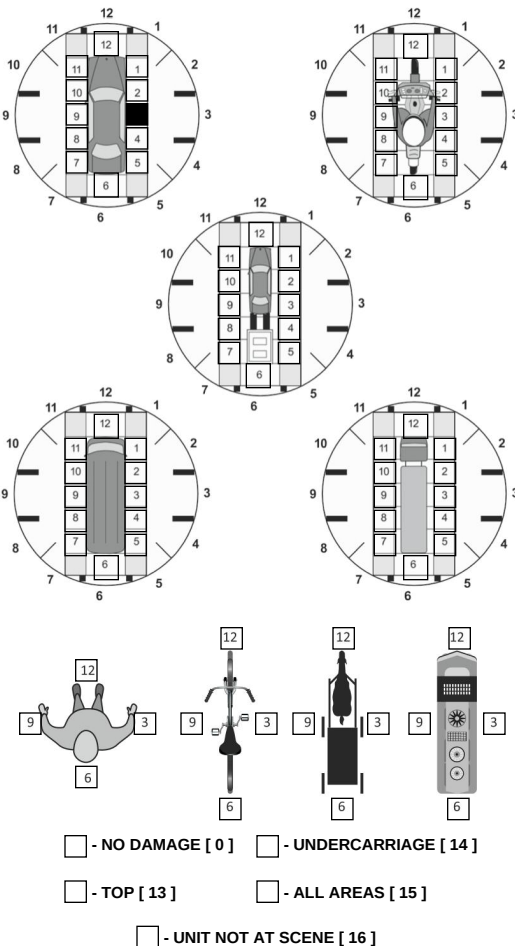
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>HOCHSTEDLER, JEREMY 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>5217 MILLERSBURG RD, GAMBIER, OH 43022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LICENSE PLATE #<br>KKZ3613                                                                           | VEHICLE IDENTIFICATION #<br>3LN6L5F97HR659530                          |
| VEHICLE YEAR<br>2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      | VEHICLE MAKE<br>Lincoln                                                |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INSURANCE COMPANY<br>MMA OF OHIO                                                                     | INSURANCE POLICY #<br>973                                              |
| COLOR<br>White                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      | VEHICLE MODEL                                                          |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      |                                                                        |
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |                                                                        |
| HAZARDOUS TOWING<br>MORRIS 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 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<br>AUTONOMOUS MODE LEVEL<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                                        |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                     |                                                                                                      |                                                                        |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                                        |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                 |                                                                                                      |                                                                        |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>6 - STRIKING PRE-CRASHES & STRUCK ACTIONS<br>9 - OTHER/UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |                                                                                                      |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                            |                                                                                                      |                                                                        |
| SEQUENCE OF EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                                        |
| 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 3 - FUNCTIONAL DAMAGE  
2 - MINOR 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 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

## TRAFFIC

## TRAFFICWAY FLOW

1 - ONE-WAY  
2 - TWO-WAY

## TRAFFIC CONTROL

1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 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 4 TO 3  
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 - STATED/ESTIMATED SPEED  
2 - CALCULATED/EDR  
3 - UNDETERMINED

## POSTED SPEED

25

M-P2602569

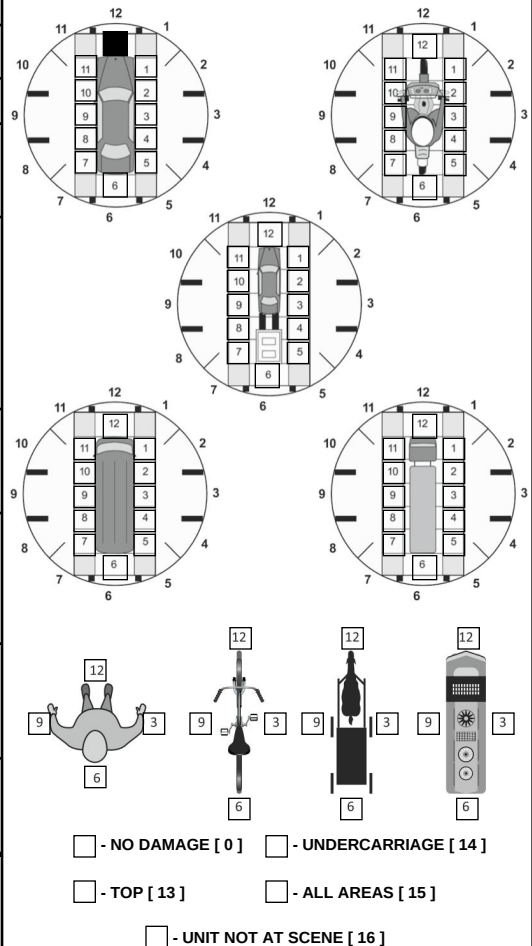
|                                                                                                                                       |                                                                                              |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>BUSH, KAREN E | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>207 E SUGAR ST, MT VERNON, OH 43050            |                                                                                              |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                              | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>HGL4243                                                                   | VEHICLE IDENTIFICATION #<br>LRBFX2SAXJD003343                          |
| VEHICLE YEAR<br>2018                                                                                                                  | VEHICLE MAKE<br>Buick                                                                        |                                                                        |
| INSURANCE VERIFIED                                                                                                                    | INSURANCE COMPANY<br>ERIE INSURANCE COMPANY                                                  | INSURANCE POLICY #<br>Q087010327                                       |
| COLOR<br>Gray                                                                                                                         | VEHICLE MODEL<br>Other/Unkno                                                                 |                                                                        |
| 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"/>            |                                                                                              |                                                                        |
| UNIT TYPE<br>3                                                                                                                        |                                                                                              |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                              |                                                                                              |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                      |                                                                                              |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                            |                                                                                              |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                 |                                                                                              |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                  |                                                                                              |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                  |                                                                                              |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                  |                                                                                              |                                                                        |
| ACTION<br>3                                                                                                                           |                                                                                              |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1                                                                                                       |                                                                                              |                                                                        |
| SEQUENCE OF EVENTS                                                                                                                    |                                                                                              |                                                                        |
| EVENTS                                                                                                                                |                                                                                              |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                  |                                                                                              |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                              |                                                                                              |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                               |                                                                                              |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## 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<br>1 1 - ONE-WAY<br>2 - TWO-WAY | TRAFFIC CONTROL<br>2 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>2                 | RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 1    |                                                                                                              |
| UNIT SPEED<br>25                                | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                     |
| POSTED SPEED<br>25                              |                                                                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |                                 |                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                           |                |                                                                                                                                                              |                                      |                                                            |                    |               |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------|--------------------|---------------|--------------|
| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                |  | NAME: LAST, FIRST, MIDDLE<br>HOCHSTEDLER, JADON LEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                     |                                 |                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | DATE OF BIRTH<br>03/18/2006                                                                                                                                                                                                                                                                                                                                                                    |                |                                                                                                                                                              | AGE<br>20                            | GENDER<br>M                                                |                    |               |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>5217 MILLERSBURG RD, GAMBIER, OH 43022                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |                                 |                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                              |                |                                                                                                                                                              |                                      |                                                            |                    |               |              |
| INJURIES<br>5                                                                                                                                                                                                                                                                                                                                                                              |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                                                                                                                                   |                                 |                                                                                                                    | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | SAFETY EQUIPMENT USED<br>4                                                                                                                                                                                                                                                                                                                                                                     |                | DOT-COMPLIANT MC HELMET                                                                                                                                      |                                      | SEATING POSITION<br>1                                      | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
| OL STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                             |  | OPERATOR LICENSE NUMBER<br>VK062766                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                     | OFFENSE CHARGED<br>MTV 313.03C1 |                                                                                                                    |                                                 | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OFFENSE DESCRIPTION<br>Red Light |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                              | CITATION NUMBER<br>MVP42012600002638 |                                                            |                    |               |              |
| OL CLASS<br>4                                                                                                                                                                                                                                                                                                                                                                              |  | ENDORSEMENT<br>SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | RESTRICTION SELECT UP TO 3                                                                                                                                                                                                                          |                                 |                                                                                                                    | DRIVER DISTRACTED BY<br>7                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                | CONDITION<br>1 | ALCOHOL TEST<br>STATUS: 1, TYPE: 1, VALUE: .                                                                                                                 |                                      | DRUG TEST(S)<br>STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4 |                    |               |              |
| UNIT #<br>2                                                                                                                                                                                                                                                                                                                                                                                |  | NAME: LAST, FIRST, MIDDLE<br>BUSH, KAREN EVONNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |                                 |                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | DATE OF BIRTH<br>10/01/1954                                                                                                                                                                                                                                                                                                                                                                    |                |                                                                                                                                                              | AGE<br>71                            | GENDER<br>F                                                |                    |               |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1065 MARTINSBURG RD, MOUNT VERNON, OH 43050                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |                                 |                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                              |                |                                                                                                                                                              |                                      |                                                            |                    |               |              |
| INJURIES<br>4                                                                                                                                                                                                                                                                                                                                                                              |  | INJURED TAKEN BY<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | EMS AGENCY (NAME)                                                                                                                                                                                                                                   |                                 |                                                                                                                    | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | SAFETY EQUIPMENT USED<br>4                                                                                                                                                                                                                                                                                                                                                                     |                | DOT-COMPLIANT MC HELMET                                                                                                                                      |                                      | SEATING POSITION<br>1                                      | AIR BAG USAGE<br>4 | EJECTION<br>1 | TRAPPED<br>1 |
| OL STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                             |  | OPERATOR LICENSE NUMBER<br>RS676312                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                     | OFFENSE CHARGED                 |                                                                                                                    |                                                 | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OFFENSE DESCRIPTION              |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                              | CITATION NUMBER                      |                                                            |                    |               |              |
| OL CLASS<br>4                                                                                                                                                                                                                                                                                                                                                                              |  | ENDORSEMENT<br>SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | RESTRICTION SELECT UP TO 3                                                                                                                                                                                                                          |                                 |                                                                                                                    | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                | CONDITION<br>1 | ALCOHOL TEST<br>STATUS: 1, TYPE: 1, VALUE: .                                                                                                                 |                                      | DRUG TEST(S)<br>STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4 |                    |               |              |
| 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<br>SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | RESTRICTION SELECT UP TO 3                                                                                                                                                                                                                          |                                 |                                                                                                                    | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                | CONDITION      | ALCOHOL TEST<br>STATUS: , TYPE: , VALUE: .                                                                                                                   |                                      | DRUG TEST(S)<br>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                                                                                                                                                                                                                                      |                                 | GENDER                                                                                                             |                                                 | ALCOHOL TEST TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | DRUG TEST TYPE                                                                                                                                                                                                                                                                                                                                                                                 |                | DRUG TEST RESULT(S)                                                                                                                                          |                                      |                                                            |                    |               |              |
| 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                                                             |                                 | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                      |                                                 | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                                                                                                                                                                                                                                                |                | 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 |                                      |                                                            |                    |               |              |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |  | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | CONDITION                                                                                                                                                                                                                                           |                                 |                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                              |                                      |                                                            |                    |               |              |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 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 |                                 |                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                              |                                      |                                                            |                    |               |              |

# OCCUPANT / WITNESS ADDENDUM

**LOCAL REPORT NUMBER\***

M-P2602569

| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                             | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>4525 TOWNSHIP ROAD 271, MILLERSBURG, OH 44654 |                                                                                        |                                    |                                                        |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                             | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                             | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                             | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td></td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td><b>INJURED TAKEN BY</b></td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td></td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> <td><b>EJECTION</b></td> </tr> <tr> <td>2 - EMS</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> <td>1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td><b>GENDER</b></td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td><b>TRAPPED</b></td> </tr> <tr> <td>M - MALE</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>15 - NON-MOTORIST</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>99 - OTHER / UNKNOWN</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> </tbody> </table> |                                                                                           |                                                                                        |                                    |                                                        |                              |                                                  |                         |                      |                 |                | INJURY | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | <b>INJURED TAKEN BY</b> | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) |  | 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - HELMET USED | 8 - THIRD - MIDDLE | <b>EJECTION</b> | 2 - EMS | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 1 - NOT EJECTED | 3 - POLICE | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 2 - PARTIALLY EJECTED | 9 - OTHER / UNKNOWN | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED | <b>GENDER</b> | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 4 - NOT APPLICABLE | F - FEMALE |  | 13 - TRAILING UNIT | <b>TRAPPED</b> | M - MALE |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 1 - NOT TRAPPED | U - OTHER / UNKNOWN |  | 15 - NON-MOTORIST | 2 - EXTRICATED BY MECHANICAL MEANS |  |  | 99 - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS |
| INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAFETY EQUIPMENT USED                                                                     | SEATING POSITION                                                                       | AIR BAG USAGE                      |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 1 - FATAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 - NONE USED - VEHICLE OCCUPANT                                                          | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                              | 1 - NOT DEPLOYED                   |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 2 - SUSPECTED SERIOUS INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 - SHOULDER BELT ONLY USED                                                               | 2 - FRONT - MIDDLE                                                                     | 2 - DEPLOYED FRONT                 |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 3 - SUSPECTED MINOR INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3 - LAP BELT ONLY USED                                                                    | 3 - FRONT - RIGHT SIDE                                                                 | 3 - DEPLOYED SIDE                  |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 4 - POSSIBLE INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4 - SHOULDER & LAP BELT USED                                                              | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)                                          | 4 - DEPLOYED BOTH FRONT / SIDE     |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING                                               | 5 - SECOND - MIDDLE                                                                    | 5 - NOT APPLICABLE                 |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 - CHILD RESTRAINT SYSTEM - REAR FACING                                                  | 6 - SECOND - RIGHT SIDE                                                                | 9 - DEPLOYMENT UNKNOWN             |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>INJURED TAKEN BY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7 - BOOSTER SEAT                                                                          | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            |                                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8 - HELMET USED                                                                           | 8 - THIRD - MIDDLE                                                                     | <b>EJECTION</b>                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 2 - EMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)                                             | 9 - THIRD - RIGHT                                                                      | 1 - NOT EJECTED                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 3 - POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10 - REFLECTIVE CLOTHING                                                                  | 10 - SLEEPER SECTION OF TRUCK CAB                                                      | 2 - PARTIALLY EJECTED              |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY                                                 | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>GENDER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 99 - OTHER / UNKNOWN                                                                      | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | 4 - NOT APPLICABLE                 |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| F - FEMALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           | 13 - TRAILING UNIT                                                                     | <b>TRAPPED</b>                     |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| M - MALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                           | 15 - NON-MOTORIST                                                                      | 2 - EXTRICATED BY MECHANICAL MEANS |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                           | 99 - OTHER / UNKNOWN                                                                   | 3 - FREED BY NON-MECHANICAL MEANS  |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <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>         |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |