| OF PUBLIC SAFETY TRAFFIC CRA   | ASH RE  | EPORT *DENOTE                       | S MANDATORY F               | IELD FOR SUPPLEM                           | ENT REPORT                        | ı                    | OCAL REPORT NUMBER*  |  |  |  |  |
|--|---|-------------------------------------|-----------------------------|--|-----------------------------------|----------------------|--|--|--|--|--|
| PHOTOS TAKEN 0H-2 0  | L,P,1,9,0,2,1,4,0,0,0,7,6,7,                          |                                     |                             |  |                                   |                      |  |  |  |  |  |
| SECONDARY CRASH  |   |                                     |                             |  |                                   |                      | HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 98 - ANIMAL        |  |  |  |  |
| PRIVATE PRO  | 8,3,1,6,  | 2 - UNSOLVED                        |                             |  |                                   |                      |  |  |  |  |  |
| COUNTY* LOCALITY* LOCATION 1 - CITY LOCATION 1 - CITY Clear  | CRASH DATE / TIME * CRASH SEVERITY                    |                                     |                             |  |                                   |                      |  |  |  |  |  |
| 3-TOWNSHIP Clear   | 0,2,1,4,2,0,1,9,1,8,1,3, 2 - SERIOUS INJURY SUSPECTED |                                     |                             |  |                                   |                      |  |  |  |  |  |
| 2 - S  | ROAD TYPE   | et v ve                             | 3 MINOP IN HIPV             |  |                                   |                      |  |  |  |  |  |
| 4-W  | EST FE  | kin<br>Ference Road Name (Ro        | AD MILEDOCT I               | IOUGE #\                                   | RD                                | 3 9 5 0 2            | 8 3 8 SUSPECTED  |  |  |  |  |
| 2 - S  | HTUC  | FERENCE RUAD NAME (RI               | IAU, MILEPUSI, N            | 1005£#)                                    | ROAD TYPE                         | LONGITUDE DE         | 5 - PROPERTY DAMAG   |  |  |  |  |
| THE STATE OF THE S |   |                                     |                             |  | بسب                               | T8 4 1 9 9           | 3 9 4 ONLY   |  |  |  |  |
| REFERENCE POINT DIRECTION FROM REFERENCE 1 - INTERSECTION 1 - NORTH  | IR - INT  | ROUTE TYPE<br>ERSTATE ROUTE(TP)     | AL - ALLEY                  | ROAD TYPE<br>HW-HIGHWAY R                  | D - ROAD                          | l —                  | INTERSECTION RELATED   |  |  |  |  |
| 1 2- MILE POST 4 2- SOUTH 3- EAST  | US-FED  | DERAL US ROUTE                      | AV - AVENUE                 | LA - LANE S                                | Q - SQUARE                        | MILHININIE           | RSECTION OR ON APPROACH  |  |  |  |  |
| 4 - WEST   | -   | TE ROUTE                            | BL - BOULEVARD  CR - CIRCLE |  | WITHIN INTERCHANGE AREA NUMBER OF |                      |  |  |  |  |  |
| FROM REFERENCE UNIT OF MEASURE 1 - MILES   |   | MBERED COUNTY ROUTE MBERED TOWNSHIP | CT - COURT                  | PK - PARKWAY T                             | L - TRAIL                         | O COR THE T          | ROADWAY  |  |  |  |  |
| 2 0 2 2-FEET 3-YARDS   | ROU   |                                     | DR - DRIVE<br>HE - HEIGHTS  | PI - PIKE W<br>PL - PLACE                  | IA - WAY                          | ROADWAY DIV          | IDED   |  |  |  |  |
| LOCATION OF FIRST HARMFUL  | EVENT   |                                     |                             | H COLLISION/IMPAC                          | T.                                | DIRECTION OF TRAVEL  | MERIANTURE   |  |  |  |  |
| 1 - ON ROADWAY 9 - CROS  | SOVER   | 1 - 0                               | OT COLLISION                | 4 - REAR-TO-REAR                           |                                   | 1 - NORTH            | . MEDIAN TYPE  1 - DIVIDED FLUSH MEDIAN                              |  |  |  |  |
| . U . I .  | /EWAY/ALLI<br>.WAY GRADI                              | 5                                   | WO MOTOR                    | 5 - BACKING<br>5 - ANGLE                   |                                   | 2 - SOUTH            | ( <4 FEET ) 2 - DIVIDED FLUSH MEDIAN                                 |  |  |  |  |
| 4 - ON ROADSIDE 12-SHA<br>5 - ON GORE TRA  | RED USE PA  | ATHS OR                             | RANSPORT                    | 7 - SIDESWIPE, SAME                        |                                   | 3 - EAST<br>4 - WEST | (≥4 FEET)  |  |  |  |  |
| 6-OUTSIDE TRAFFIC WAY 13-BIKE  | LANE  |                                     |                             | B - SIDESWIPE, OPPOS<br>9 - OTHER / UNKNOW |                                   |                      | 3 - DIVIDED, DEPRESSED MEDIAI<br>4 - DIVIDED, RAISED MEDIAN          |  |  |  |  |
| 7 - ON RAMP 14-TOLI<br>8 - OFF RAMP 99-OTH   | . BOOTH<br>ER / UNKNO                                 | wn                                  |                             |  |                                   |                      | (ANY TYPE)<br>9 - OTHER/UNKNOWN                                      |  |  |  |  |
|  | wn  | DRK ZONE TYPE                       | LACATIO                     | IN OF CRASH IN WO                          | DV 70NE                           | CONTOUR              | CONDITIONS SURFACE   |  |  |  |  |
| WORK ZONE RELATED  |   | E CLOSURE                           |                             | BEFORE THE 1ST W                           |                                   |                      |  |  |  |  |  |
| WORKERS PRESENT  |   | E SHIFT/CROSSOVER<br>K ON SHOULDER  | 2                           | WARNING SIGN<br>- ADVANCE WARNIN           | G AREA                            | 1 - STRAIGHT LEVEL   | 1 2 1 - DRY 1 - CONCRETE   |  |  |  |  |
| LAW ENFORCEMENT PRESENT  | OR M  | EDIAN                               | 3 .                         | TRANSITION AREA                            |                                   |                      | 2 - WET 2 - BLACKTOP,  |  |  |  |  |
| ACTIVE SCHOOL ZONE   | 4 - INTE<br>5 - OTHE                                  | RMITTENT OR MOVING W(<br>ER         |                             | - ACTIVITY AREA<br>- TERMINATION ARE       | А                                 | 3 - CURVE LEVEL      | 3 - SNOW BITUMINOUS,<br>ASPHALT                                      |  |  |  |  |
| LIGHT CONDITION  |   | WEA                                 | THER                        |  |                                   | 1                    | 4 - ICE 3 - BRICK/BLOCK  |  |  |  |  |
| 1 - DAYLIGHT   |   | 1 - CLEAR                           | 6 - SNOW                    |  |                                   | 9 - OTHER/UNKNOWN    | 5 - SAND, MUD, DIRT,<br>OIL, GRAVEL 4 - SLAG, GRAVEL,<br>STONE       |  |  |  |  |
| 2 - DAWN/DUSK<br>3 - DARK – LIGHTED ROADWAY  | 1_1   | 2 - CLOUDY                          |                             | CROSSWINDS<br>G SAND, SOIL, DIRT, :        | C NI (D.NA)                       |                      | 6 - WATER (STANDING, MOVING) 5 - DIRT                                |  |  |  |  |
| 4 - DARK - ROADWAY NOT LIGHTED   |   | 4 - RAIN                            |                             | IG RAIN OR FREEZIN                         |                                   |                      | 7 - SLUSH 9 - OTHER/UNKNOW   |  |  |  |  |
| 5 - DARK – UNKNOWN ROADWAY LIGH<br>9 - OTHER / UNKNOWN   | ITING   | 5 - SLEET, HAIL                     | 99 - OTHER                  | / UNKNOWN                                  |                                   |                      | 9 - OTHER/UNKNOWN  |  |  |  |  |
| NARRATIVE  |   |                                     |                             | 7777                                       | 1 1 1                             | The state of         | N Tallian II   |  |  |  |  |
|  |   |                                     |                             |  |                                   |                      | Indicate the north direction with an "N" on the                      |  |  |  |  |
| Unit 1 was attempting  |   |                                     |                             |  |                                   | Nh4                  | to Scale compass diagram   |  |  |  |  |
| space at Dad's gun sh  | op. U   | nit 2 was sto                       | opped 2                     |  |                                   | 10,                  | TOSCHE   |  |  |  |  |
| cars back at the stop s  | sian a  | t N. St. Rt. 4                      | 8 and                       | W Pekin Rd                                 |                                   | NStrt                |  |  |  |  |  |
| W. Pekin. Unit 1 was k   |   |                                     |                             | - 104/1/184                                |                                   | 48                   |  |  |  |  |  |
|  |   |                                     |                             | Unit                                       | 5                                 |                      |  |  |  |  |  |
| parking space to get a   | belle   | er angle whe                        | n ne                        |  | <u>-</u> n                        |                      |  |  |  |  |  |
| struck Unit 2.   |   |                                     |                             | 1  |                                   |                      |  |  |  |  |  |
|  |   |                                     |                             | 4471                                       |                                   | 1 1                  |  |  |  |  |  |
|  |   |                                     |                             | N. St. Rt.                                 |                                   |                      |  |  |  |  |  |
|  |   |                                     |                             |  |                                   |                      |  |  |  |  |  |
|  |   |                                     |                             |  | -1                                |                      |  |  |  |  |  |
|  |   |                                     |                             |  | -1-1                              |                      |  |  |  |  |  |
|  |   |                                     |                             |  |                                   |                      |  |  |  |  |  |
| CRASH REPORTED DATE / TIME   |   | TCH DATE / TIME                     |                             | IVAL DATE/TIME                             |                                   | SCENE CLEARED DA     | F-3  |  |  |  |  |
| 0,2,1,4,2,0,1,9,,1,8,1,3,0,  | 2 1 4 2   |                                     | 0,2,1,4,                    |  |                                   |                      | 1,8,2,8 POLICE AGENCY  |  |  |  |  |
|  | TOTAL<br>IINUTES                                      | OFFICER'S NAME*                     |                             |  |                                   | ER'S NAME*           | MOTORIST   |  |  |  |  |
|  |   | Stephanie William                   | SADGE NUMBER                | *  |                                   | OFFICER'S BADGE NO   | SUPPLEMENT (CORRECTION OF ADDITION TO ALEXISTING REPORT SENT TO ODE; |  |  |  |  |
| 3 0 4  | 5   |                                     | 7 7                         |  | 1 1                               | 2                    | W 19   |  |  |  |  |



LOCAL REPORT NUMBER L,P,1,9,0,2,1,4,0,0,0,7,6,7 OWNER NAME: LAST, FIRST, MIDDLE ( same as DRIVER) OWNER PHONE: INCLUDE AREA CODE ( SAME AS ORIVER Cornett, Arnold, T 9 | 3 | 7 | 7 | 4 | 3 | 9 | 7 | 4 | 9 DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP ( SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 3350 Lynn Dr., Franklin, OH 45005 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP 9 - UNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE MAKE VEHICLE YEAR 1,G,D,F,G,1,5,T,5,7,1,2,3,9,8,1,7 O H HCD5040 2,0,0,7 GMC INSURANCE INSURANCE COMPANY
VERIFIED MOTORIES No. 1 INSURANCE POLICY # COLOR VEHICLE MODEL 8300-06-030235-00A Van Grey TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK DEVICE EQUIPPED MATERIAL CLASS # PLACARD ID # 1 - ≤10K LBS 2 - 10,001 - 26K LBS HIT/SKIP UNIT 0,3 PLACARD J 3 - >26K LBS 1 - PASSENGER CAR 23 - PEDESTRIAN / SKATER 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) O 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 9 - AUTOCYCLE 14 - SINGLE UNITT 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION AUTONOMOUS 2 - PARTIAL AUTOMATION I 1-YES 2-NO 9-OTHER/UNKNOWN 5 - FULL AUTOMATION MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16-FARM 21 - MAJL CARRIER 0 1 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19-TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12-CONCRETE MIXER / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER CARGO 2-BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14 - GARBAGE/REFUSE \* 7 - GRAIN/CHIPS/GRAVEL 99 - OTHER / UNKNOWN 11 - DIIM8 TYPE 0 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR DEFECTIVE ACCIDENT DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT - undercarriage [ 14 ] - NO DAMAGE [ 0 ] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER CROSSWALK AT INCIDENT SCENE - ALL AREAS | 15 | ☐ - TOP [ 13 ] 4 - MIDBLOCK - MARKED 7 - SHOUL OFR / ROADSIDE 10 - DRIVEWAY ACCESS NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99 - OTHER / UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK - UNIT NOT AT SCENE | 16 | 5 - TRAVEL LANE - OTHER LOCATION TRAILS 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NOA-COLLISION 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 2 - BACKING 0 2 3 - CHANGING LANES 3 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING 3 - STRIKING 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST PRE-CRASH 4 - OVERTAKING/PASSING ACTION 4- STRUCK 10-PARKED DIAGRAM JOGGING, PLAYING 99 - UNKNOWN 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 13 - TOP 16-WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 12 - DRIVERLESS TRAFFIC 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A 21 - LYING IN ROADWAY 17 - VISION ORSTRUCTION TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8-FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDAROUT 4 - STOP SIGN 14 - STOPPED OR PARKED 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE EQUIPMENT 23 - OPENING DOOR INTO 1,2, 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN **ILLEGALLY** ROADWAY 19 - LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN ☐ 3-FLASHER 10 - IMPROPER PASSING 6 - NO CONTROL CONTRIBUTING CIRCUMSTANCES 5 - UNSAFE SPEED 15 - SWERVING TO AVOID SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING # of THROUGH LANES RAIL GRADE CROSSING 6 - IMPROPER TURN 12 - IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING \_2 NON-COLLISION 1 2 0 1 - OVERTURN/ROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM FOUIPMENT TRAVEL UNIT / NON-MOTORIST DIRECTION 18-ANIMAL - DEER 23 - STRUCK BY FALLING. 3 - IMMERSION R - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER I 4 - JACKKNIFF 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13-OTHER NON-COLLISION 2 - SOUTH 6 - NORTHWEST 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT BY A MOTOR VEHICLE 10 - CROSS MEDIAN 14 - PEDESTRIAN TRANSPORT FROM 2 TO 1 3 - EAST 7 - SOUTHEAST LOSS OR SHIFT 24 - OTHER MOVABLE OBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 50 - WORK ZONE MAINTENANCE 43 - CURB / CRASH CUSHION EQUIPMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CARLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE SUPPORT 52 - BUILDING 34 - MEDIAN GUARDRAIL 46-FENCE 15 1 27 - BRIDGE PIER OR ABUTMENT 40 - UTILITY POLE BARRIER 2 - CALCULATED / EDR 53-TUNNEL 47 - MAILBOX 28 - BRIDGE PARAPET

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

POSTED SPEED

4 5

\_ 29 - BRIDGE RAIL

30 - GUARDRAIL FACE

FIRST HARMFUL EVENT

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

BARRIER

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

1 MOST HARMFUL EVENT

48-TREE

49 - FIRE HYDRANT

3 - UNDETERMINED



LOCAL REPORT NUMBER

L,P,1,9,0,2,1,4,0,0,0,7,6,7

| UNIT #           |  | RST, MIDDLE ( R SAME AS DRIVE   | R)  | CLUDE AREA CODE ( M SAME AS DRIVER)                     | DAMAGE DAMAGE SCALE                                     |                                      |  |  |  |
|------------------|--|---|---|---|---|--------------------------------------|--|--|--|
| OWNERA           | ADDRESS: STREET, CITY, STAT  | TE, ZIP ( SAME AS DRIVER)   | 9 9 1 7 7 7 7   | 3 1-NONE  | 3 - FUNCTIONAL DAMAGE                                   |                                      |  |  |  |
|                  | Artistic Ct., Englew   |   |   | 1 2   | - Hear  | 2 - MINOR D                          | DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN                        |  |  |
| COMMEN           | GIAL GARRIER: NAME, MOD  | RESS, CITY, STATE, ZIP  |   | COMMERCIAL GARRIE                                       | R PHONE: INCLUDE AREA CODE                              | <u> </u>                             | DAMAGED AREA(S)  |  |  |
| LP STATE         |  |   | LE IDENTIFICATION #   | VEHICLE YE  |   |                                      | ICATE ALL THAT APPLY   |  |  |
| OH               |  |   | 12,E,0,7,Z,8,0,4,0  |   |   | 11 12 1                              | 11 12 1  |  |  |
| X INSURA         | ANCE INSURANCE COM<br>FIED State Farm  | 1   | 1NSURANCE POLICY # 9349967-A09-35   | Red   | VEHICLE MODEL Corolla                                   | 10                                   | 2 10 12 2  |  |  |
|                  | TYPE OF USE  | IN EMERGENCY  | US DOT #  | TOWED BY: COMPAN  |   | A 10 2 2                             |  |  |  |
| COMME            | ERCIAL GOVERNMENT  | RESPONSE  | VEHICLE WEIGHT GVWR/GCWR  | HAZARD  | OUS MATERIAL  | 9 _ 1                                | ], 'L   O   J  |  |  |
| INTER            | RLOCK<br>Ce hit/skip un  | #ULCUPANIS  | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.  | MATERIAL  | CLASS # PLACARD ID #                                    |                                      | 8 7 9 3  |  |  |
| EQUIP            | PPED —   | 0 1   | 3 - >26K LBS  | PLACARD   |   | , ,                                  | 12 7 6 5   |  |  |
|                  | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)   | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED                                  |   | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS) | 23 - PEDESTRIAN / SI(ATER<br>24 - WHEELCHAIR (ANY TYPE) | 10/                                  | 1 1 2  |  |  |
| 0,1              | 3 - SPORT LITTLITY VEHICLE   | 9 - AUTOCYCLE   |   | 20 - OTHER VEHICLE                                      | 25 - OTHER NON-MOTORIST                                 | 1 4                                  | 10 2   |  |  |
| UNIT TYPE        |  | 10 - MOPED OR MOTORIZED<br>Bicycle  |   | 21 - HEAVY EQUIPMENT                                    | 26 - BICYCLE  | 9                                    | 9 3 3  |  |  |
| l                | 5 - CARGO VAN<br>6 - VAN (9-15 SEATS)  | 11 - ALL TERRAIN VEHICLE  | 16 - FARM EQUIPMENT 2<br>17 - MOTORHOME                                       | 22 - ANIMAL WITH RIDER OR<br>ANIMAL-DRAWN VEHICLE       | 27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                  | 7,                                   |  |  |  |
|                  | # OF TRAILING UNITS  | (ATV / UTV)   |   |   | -   | 12                                   | 5 12   |  |  |
| 1                | WAS VEHICLE OPERATING IN AL  | UTONOMOUS   | 0 - NO AUTOMATION 3   | 3 - CONDITIONAL AUTOMATION                              | 9 - UNKNOWN   | " "                                  | 8 11 12  |  |  |
| , 2 ,            | MODE WHEN CRASH OCCURRE  | D?  | 1 - DRIVER ASSISTANCE 4   | 4 - HIGH AUTOMATION                                     | / • • • • • • • • • • • • • • • • • • •                 | 10/ 11/ 1                            | 10/ 11/2   |  |  |
|                  | 1-YES 2-NO 9-OTHER/UNK   | KNOWN AUTONOMOUS MODE LEVEL   | 13  | 5 - FULL AUTOMATION                                     |   | 9 9 3                                | 3 9 0 1 3 1  |  |  |
|                  | 1 - NONE   | 6 - BUS - CHARTER/TOUR  | 11 - FIRE 1   | 16-FARM   | 21 - MAIL CARRIER                                       |                                      |  |  |  |
| 0 1              | 2 - TAXI<br>3 - ELECTRONIC RIDE SHARING  | 7 - BUS - INTERCITY  8 - BUS - SHUTTLE  |   | 17 - MOWING<br>18 - SNOW REMOVAL                        | 99 - OTHER / UNKNOWN                                    | 8                                    | 8 6 7  |  |  |
| SPECIAL FUNCTION | 4 - SCHOOL TRANSPORT   | 9 - BUS - OTHER   |   | 19-TOWING   | !   | 7 6                                  | 7 6  |  |  |
|                  | 5 - BUS - TRANSIT/COMMUTER   | 10 - AMBULANCE  | 15 - CONSTRUCTION EQUIPMENT 2   | 20 - SAFETY SERVICE PATROL                              |   |                                      | 12 12 12   |  |  |
| ,0,1,            | 1 - NO CARGO BODY TYPE<br>/ NOT APPLICABLE   | 3 - VEHICLE TOWING ANOTHER<br>MOTOR VEHICLE   | DULLOTO   | 8 - POLE  | 12 - CONCRETE MIXER                                     | 12                                   | 1 1 🕋  |  |  |
| CARGO<br>BODY    | 2 - BUS  | 4 - LOGGING   | A AADCANIANIENALADED DON  | 9 - CARGOTANK<br>10 - Flat Bed                          | 13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE            | o Ma                                 |  |  |  |
| TYPE             |  |   | T COATAVOLLIDO (COAVEL  | 11 - DUMP   | 99 - OTHER / UNKNOWN                                    | ,600                                 | 9 <b>3 1 1 1</b> 3 9 <b>3</b> 3                                |  |  |
| , , , ,          | 1 - TURN SIGNALS   | 4 - BRAKES  | 7 - WORN OR SLICKTIRES 9  | 9 - MOTOR TROUBLE                                       | 99 - OTHER / UNKNOWN                                    | 6                                    |  |  |  |
|                  | 2 - HEAD LAMPS<br>3 - TAIL LAMPS   | 5 - STEERING<br>6 - TIRE BLOWOUT  | 8 - TRAILER EQUIPMENT 1<br>DEFECTIVE  | 10-DISABLED FROM PRIOR<br>ACCIDENT                      | !   |                                      | 6 6 6  |  |  |
|                  |  |   |   |   |   | - NO DAMAGE                          | E[0] - UNDERCARRIAGE [14]                                      |  |  |
|                  | 1 - INTERSECTION - MARKED<br>CROSSWALK   | 3 - INTERSECTION – OTHER<br>4 - MIDBLOCK – MARKED                                     |   | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS      | 12 - FIRST RESPONDER<br>AT INCIDENT SCENE               | -TOP [ 13 J                          | - ALL AREAS [ 15 J   |  |  |
| LOCATION         | 7 2 - INTERSECTION – UNMARKED<br>CROSSWALK   | CROSSWALK   | 8 - SIDEWALK 1  | 11 - SHARED USE PATHS OR                                | 99 - OTHER / UNKNOWN                                    |                                      | _  |  |  |
| AT IMPACT        | 411048777611   | 5 - TRAVEL LANE - OTHER LOCATH  |   | TRAILS  |   | ∐ - UN                               | NIT NOT AT SCENE (16)  |  |  |
|                  | 1 - NON-CONTACT<br>2 - NON-COLLISION   | 1 - STRAIGHT AHEAD<br>2 - BACKING   |   | 13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING   | 18 - APPROACHING<br>Or Leaving Vehicle                  | 1                                    | IAL POINT OF CONTACT   |  |  |
|                  | 3-STRIKING 1 1   | 3 - CHANGING LANES  | 9 - LEAVING TRAFFIC LANE  | SPECIFIED LOCATION                                      | 19-STANDING   | 0 - N0 DAMA<br>. 0 . 6 . 1-12 - REFE | AGE 14 - UNDERCARRIAGE<br>ER TO UNIT 15 - VEHICLE NOT AT SCENE |  |  |
| ACTION           | 4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTIONS   | 4 - OVERTAKING/PASSING  | 10 TRINED   | 15 - WALKING, RUNNING,<br>JOGGING, PLAYING              | 20 - OTHER NON-MOTORIST<br>21 - Standing Outside        | DIAG                                 |  |  |  |
|                  | & STRUCK   | 6 - MAKING RIGHT TURN   | 114 / 11/40 1 1/6   | 16 - WORKING  | DISABLED VEHICLE  | 13 - TOP                             |  |  |  |
|                  | 9 - OTHER / UNKNOWN  |   | 12 - DRIVERCEUS   | 17 - PUSHING VEHICLE                                    | 99 - OTHER / UNKNOWN                                    | (U.C=1,2), = 2-8.                    | TRAFFIC  |  |  |
|                  | 1 - NONE<br>2 - FAILURE TO YIELD   | 7-LEFT OF CENTER<br>8-FOLLOWING TOO CLOSE / ACI                                       | DARKED DOCUTION   | 17 - VISION OBSTRUCTION<br>18 - Operating Defective     | 21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE           | TRAFFICWAY FLOW                      | TRAFFIC CONTROL  |  |  |
|                  | 3 - RAN RED LIGHT  | 9-IMPROPER LANE CHANGE  | 14 - STOPPEO OR PARKED  | EQUIPMENT   | 23 - OPENING DOOR INTO                                  | 1 - 0NE-WAY<br>2 - TW0-WAY           | 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN         |  |  |
| 99500000         | 4-RAN STOP SIGN  | 10 - IMPROPER PASSING   | 15 - SWERVING TO AVOID  | 19-LOAD SHIFTING/FALLING/<br>SPILLING                   | ROADWAY<br>99-OTHER IMPROPER ACTION                     |                                      | 6 - NO CONTROL   |  |  |
| CIRCUMSTANCES    | 5 - UNSAFE SPEED<br>6 - IMPROPER TURN  | 11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING  | 16 - WRONG WAY 2  | 20 - IMPROPER CROSSING                                  | 77-VINCKIMI NOI ENTOYIO                                 | # of THROUGH LANES                   | RAIL GRADE CROSSING  |  |  |
| SEQUENCE         | OF EVENTS  |   |   |   |   | ON ROAD                              | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING                  |  |  |
| 2 0              | 1 - OVERTURN/ROLLOVER  | 6 - EQUIPMENT FAILURE   | NON-COLLISION 11-CROSS CENTERLINE — 11  | 16 - RAILWAY VEHICLE                                    | 22 - WORK ZONE MAINTENANCE                              | 2                                    | 3 - INVOLVED-PASSIVE CROSSING                                  |  |  |
| 1 2 0            | 2 - FIRE/EXPLOSION   | 7 - SEPARATION OF UNITS   | OPPOSITE DIRECTION OF 1   | 17 - ANIMAL — FARM                                      | EQUIPMENT   | UNIT / N                             | ON-MOTORIST DIRECTION  |  |  |
|                  | 3 - IMMERSION  | 8 - RAN OFF ROAD RIGHT  | 12 DOMANII I BUVAWAV  | 18-ANIMAL — DEER<br>19-ANIMAL — OTHER                   | 23 - STRUCK BY FALLING,<br>SHIFTING CARGO OR            | UNIT / III                           | 1 - NORTH 5 - NORTHEAST  |  |  |
|                  | 4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT   | 9 - RAN OFF ROAD LEFT<br>10 - CROSS WEDIAN  | 12 OTHER NOW, COLL ICION  | 20 - MOTOR VEHICLE IN                                   | ANYTHING SET IN MOTION<br>By a motor vehicle            |                                      | 2 - SOUTH 6 - NORTHWEST  |  |  |
| 3                | LOSS OR SHIFT  |   | 10 DEDALONOLE   | TRANSPORT<br>21 - PARKED MOTOR VEHICLE                  | 24 - OTHER MOVABLE OBJECT                               | FROM 4 TO                            | 3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST               |  |  |
|                  | OF MAINACT ATTENUATION   |   | ON WITH FIXEO OBJECT .  | - STRUCK  | TO WOOM YOUR MAINTENANOR                                |                                      | 9 - OTHER / UNKNOWN  |  |  |
|                  | 25 - IMPACT ATTENUATOR   | 31 - GUARDRAIL END  |   | 43 - CURB<br>44 - DITCH                                 | 50 - WORK ZONE MAINTENANCE<br>EQUIPMENT                 | UNIT SPEED                           | DETECTED SPEED   |  |  |
| 4                | / CRASH CUSHION  | 26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39 - LI                                |   |   |   | 0.11.0                               | DELEGIES   |  |  |
| 4                | / CRASH CUSHION<br>26 - BRIDGE OVERHEAD  | 33 - MEDIAN CABLE BARRIER   | 39 - LIGHT / LUMINARIES 49  | 45 - EMBANKMENT   | 51 - WALL   |                                      | 1 - STATED / ESTIMATED SPEED                                   |  |  |
| 5                | / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT                                      |   | 39 - LIGHT / LUMINARIES 45<br>SUPPORT 40                                      | 45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX           | 51 - WALL<br>52 - BUILDING<br>53 - TUNNEL               | _ 0                                  | 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR              |  |  |
| 5                | / CRASH CUSHION  26 - BRIDGE OVERHEAD STRUCTURE  27 - BRIDGE PIER OR ABUTMENT                                    | 33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL                                    | 39 - LIGHT / LUMINARIES 45 SUPPORT 40 - UTILITY POLE 47 - OTHER POST, POLE 48 | 46 - FENCE<br>47 - Mailbox<br>48 - Tree                 | 52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT | POSTED SPEED                         | 1 1  |  |  |
| 5 6              | / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL | 33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL<br>BARRIER<br>35 - MEDIAN CONCRETE | 39 - LIGHT / LUMINARIES 45 SUPPORT 40 - UTILITY POLE 47 - OTHER POST, POLE 48 | 46-FENCE<br>47-MAILBOX                                  | 52 - BUILDING<br>53 - TUNNEL                            |                                      | 2 - CALCULATED/EDR   |  |  |

| OHODAPARINENT MOTORIST / NON-MOTORIST                        |                           |                                |  |   |  | LOCAL REPORT NUMBER                    |                            |  |   |  |  |  |  |                |  |  |
|--|---------------------------|--------------------------------|--|---|--|--|----------------------------|--|---|--|--|--|--|----------------|--|--|
| W.   | OFFICE STATE              | W AND COLOR                    | UIUKISI / IV                                       | 0 I4 - IA                               | 1010   | K12                                    |                            |  |   | LP   | 1 9 0 2 1                                    | 4 0  | 0 0 7  | 6,7            |  |  |
|  | JNIT#                     | NAME: LAST, FIRST, MIDDLE      |  |   |  |  |                            |  | DATE OF BIRTH AGE GENDER                      |  |  |  |  |                |  |  |
|  | 0 1                       |                                | Cornett, Arnold, T                                 |   |  |  |                            |  |   | 0 2 / 1 1 / 1 9 5 8 6 1 M                          |  |  |  |                |  |  |
|  |                           |                                | nn Dr., Franklin, OH 45005                         |   |  |  |                            |  |   | CONTACT PHONE - INCLUDE AREA CODE                  |  |  |  |                |  |  |
| Θ_   |                           | YNN Dr., F                     | EMS AGENCY (NAME)                                  |   | INJURED  | TAKENTO                                | : MEDICAL FACILITY         | ANAME CITY                                   | SAFETY FOILDMENT                              | 9 3 7 7 4 3 9 7 4 9                                |  |  |  |                |  |  |
| NON-M  | 5                         | TAKEN<br>BY                    | EMB RELITY (MAILE)                                 |   | INOUNED  | TAKENTO                                | , MEDIONE I NOISITI        | THAME, GITT                                  | USED 4  | DOT-Co   | MPLIANT                                      | 1  | 1  | TRAPPED 1      |  |  |
| _  | STATE                     | OPERATOR                       | LICENSE NUMBER                                     |   | OFFEN  | SE CHAI                                | RGED                       | LOCAL  | OFFENSE DESC                                  | RIPTION  |  | CITATIO                                    | NUMBER   |                |  |  |
| TOR  | D, H,                     | RS41404                        | 14   |   |  | CODE                                   |                            |  |   |  |  |  |  |                |  |  |
| 01   | CLASS                     | ENDORSEMEN<br>SELECT UP TO 2   |  |   | IVER<br>STRACTED                                 |  | OHOL / DRUG SUSPI          |  | CONDITION                                     | ALC<br>STATUS TY                                   | OHOL TEST<br>YPE VALUE :                     |  | RUG TEST(S                                       | SELECT UPTO 4  |  |  |
| ı  | 4                         |                                | 0 3  | ВУ                                      | 1 ALCOHOL MARIJUANA  1 OTHER DRUG                |  |                            | 1  | 1   | 1  | 1  | 1  |  |                |  |  |
| -  | INIT#                     | NAME: LAST                     | FIRST, MIDDLE                                      |   |  |  |                            |  | DATE OF BIRTH AGE GENDER                      |  |  |  |  |                |  |  |
|  | 0 2                       | Kent, Wi                       | Iliam, V   |   |  |  |                            |  |   | 1,1,1,7  | 0 8 / 1 9                                    | 9 9 0                                      | 2 9  | , м            |  |  |
| A  | DDRESS:                   | STREET, CITY, S                | TATE, ZIP  |   |  |  |                            |  |   |  | CONTACT PHONE - INCLUDE AREA CODE            |  |  |                |  |  |
| 3  | 550 Aı                    | rtistic Ct.,                   | Englewood, OH 4532                                 | 22                                      |  |  |                            |  |   | 9 3  | 7 7 5  | 0 7  | 7 8  | 0 4            |  |  |
| M IN   |                           | INJURED<br>TAKEN<br>BY         | EMS AGENCY (NAME)                                  |   | INJURED  | TAKEN TO                               | : MEDICAL FACILITY         | (NAME, CITY)                                 | SAFETY EQUIPMENT USED 4                       | DOT-Co   |  | AIR BAG US                                 | AIR BAG USAGE EJECTION TRAPPED  1 1 1 1          |                |  |  |
| oı   | STATE                     | OPERATOR                       | LICENSE NUMBER                                     |   | OFFEN  | SE CHAI                                | RGED                       | LOCAL  | OFFENSE DESC                                  | RIPTION  |  | CITATIO                                    | CITATION NUMBER                                  |                |  |  |
| 000  | ЭН                        | TK04842                        | 0  |   |  |  |                            | CODE   |   |  |  |  |  |                |  |  |
| ≥ OL   | CLASS                     | SELECT UP TO 2                 | RESTRICTION SELECT                                 |   | IVER<br>STRACTED                                 | RACTED                                 |                            |  | CONDITION                                     | STATUS TYPE VALUE STATUS TYPE RESU                 |  |  |  | SELECT UPTO 4  |  |  |
|  | 4                         |                                | 0 3  | 1 OTHER DRUG                            |  |  | 1 ,                        | 1 1 1  |   |  | 1 1 1  |  |  |                |  |  |
|  | NIT#                      | NAME: LAST,                    | FIRST, MIDDLE                                      |   |  |  |                            |  |   | DATE OF BIRTH                                      |  | AGE  | GENDER   |                |  |  |
|  |                           |                                |  |   |  |  |                            |  |   |  |  | 1 1 1                                      |  |                |  |  |
| A  | DRESS:                    | STREET, CITY, S                | TATE, ZIP  |   |  |  |                            |  | CONTACT PHONE - INCLUDE                       |  |  | A CODE                                     |  |                |  |  |
|  |                           |                                |  |   |  |  |                            |  |   | <u>u u</u>   | T E E  |  | 1 1  |                |  |  |
| N IN   |                           | INJURED<br>TAKEN<br>BY         | EMS AGENCY (NAME)                                  |   | INJURED  | TAKEN TO                               | : MEDICAL FACILITY         | INAME, C(TY)                                 | SAFETY EQUIPMENT<br>USED                      | DOT-Co   | SEATING POSITION<br>MPLIANT<br>I MFT         | AIR BAG US                                 | AGE EJECTION                                     | TRAPPED        |  |  |
| OL   | STATE                     | OPERATOR I                     | ICENSE NUMBER                                      |   | OFFEN  | FENSE CHARGED LOCAL OFFENSE            |                            |  | OFFENSE DESC                                  | J  |  |  | TATION NUMBER                                    |                |  |  |
|  |                           |                                |  |   | CODE   |  |                            |  |   |  |  |  |  |                |  |  |
| o OL   | CLASS                     | ENDORSEMENT<br>SELECT UP TO 2  | RESTRICTION SELECT                                 |   | IVER<br>STRACTED                                 |  | DHOL / DRUG SUSPE          |  | CONDITION                                     | ALC<br>STATUS TY                                   | OHOL TEST                                    | TATUS TY                                   | PE RESULT  | SELECT UP TO 4 |  |  |
| ı  |                           |                                |  | BY                                      |  | =                                      | LCOHOL   MAR<br>Ther drug  | ANAULI                                       |   |  |  | 200000000000000000000000000000000000000    | NASS WORLDS                                      | v.             |  |  |
| h  | INJU                      | RIES                           | SEATING POSITION                                   |   | AIR BAG  |  | OL CLASS                   |  | OL RESTRIC                                    | TION(S)  | DRIVER DISTRACT                              | ION  | TEST STA   | TUS            |  |  |
| 1 - F/   |                           |                                | 1 - FRONT – LEFT SIDE<br>(MOTORCYCLE DRIVER)       | 1 - NOT DE                              |  |  | 1 - CLASS A                |  | 1-ALCOHOL INTER                               |  | 1 - NOT DISTRACTED                           |  | NONE GIVEN                                       |                |  |  |
|  |                           | SERIOUS INJURY<br>AINOR INJURY | 2 - FRONT - MIDDLE                                 | 2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE |  |  | 2 - CLASS B<br>3 - CLASS C | 2 - CDL INTRASTAT<br>3 - CORRECTIVE LE       |   | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION |  | 2-TEST REFUSED  3-TEST GIVEN, CONTAMINATED |  |                |  |  |
|  | SSIBLE INJ                |                                | 3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE   |   | 4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS |  |                            |  | 4 - FARM WAIVER                               |  | DEVICE (TEXTING, TYPING,<br>DIALING)         |  | SAMPLE / UNUSABLE<br>4-TEST GIVEN, RESULTS KNOWN |                |  |  |
| 5 - NI   | APPARENT                  | INJURY                         | (MOTORCYCLE PASSENGER)                             | 5 - NOT APP<br>9 - DEPLOY               | FLICABLE 3- CAUCHI GLI                           |  |                            |  | 5 - EXCEPT CLASS                              |  | 3-TALKING ON HANDS-FRI<br>COMMUNICATION DEVI | EE<br>CE 5-                                |  |                |  |  |
|  | JURED T                   | RTED                           | 5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE     |   | 6 - NO VALID OL & CLASS B BUS 7 - EXCEPT TRACTO  |  |                            |  | 4 - IALKING ON HAND-HELD COMMUNICATION DEVICE |  |  |  |  |                |  |  |
|  | REATED AT                 |                                | 7 - THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)     | 1 - NOT EJE                             | JECTION OL ENDORSEMENT 8-INT                     |  |                            |  | 8 - INTERMEDIATE<br>RESTRICTIONS              |  | 5 - OTHER ACTIVITY WITH                      | VITHAN LANGUE                              |  |                |  |  |
| 3 - P(   |                           |                                | 8-THIRD - MIDDLE                                   |   | ECTED H - HAZMAT  LLY EJECTED M - MOTORCYCLE     |  |                            | 9 - LEARNER'S PERMIT                         |   | 6 - PASSENGER                                      |  | 2 - BL00D                                  |  |                |  |  |
| 9-01   | HER/UNKN                  | IOWN                           | 9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION     | 3 - TOTALLY<br>4 - NOT APP              |  |  |                            | RESTRICTIONS  10 - LIMITED TO DAYLIGHT ONLY  |   | 7 - OTHER DISTRACTION<br>INSIDE THE VEHICLE        |  | 3 - URINE<br>4 - BREATH                    |  |                |  |  |
|  |                           | UIPMENT                        | OF TRUCK CAB<br>11 - PASSENGER IN OTHER            |   |  | Q - MOTOR SCOOTER 11-                  |                            |  | 11 - LIMITED TO EMPLOYMENT                    |  | 8 - OTHER DISTRACTION OUTSIDE<br>The vehicle |  | 5-OTHER  |                |  |  |
|  | ENCLOSED CARGO AREA       |                                |  | 1 - NOT TRA                             | RAPPED R-THREE-WHEEL MOTORCYCLE                  |  |                            | 12 - LIMITED – OTHER 13 - MECHANICAL DEVICES |   | 9 - OTHER / LINKNOWN                               |  | DRUG TEST TYPE                             |  |                |  |  |
| 3 - LAP BELT ONLY USED PICK-UP WITH CAP)                     |                           | PICK-UP WITH CAP)              | 2 - EXTRICATED BY<br>MECHANICAL MEANS              |   |  | S - SCHOOL BUS<br>T - DOUBLE & TRIPLET | TRAILERS                   | (SPECIAL BRAK<br>CONTROLS, OR O              | ES, HAND                                      |  |  | 1 - NONE<br>2 - BLOOD                      |  |                |  |  |
| 4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - |                           | AINT SYSTEM -                  | CARGO AREA   | CARGO AREA 3 - FREED BY                 |  |  | X - TANKER / HAZMAT        |  | ADAPTIVE DEVI                                 |  | 1 - APPARENTLY NORMAL                        |  | 3 - URINE  |                |  |  |
|  | RWARD FAC<br>ILD RESTRA   | CING<br>AINT SYSTEM –          | 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR | NON-INE                                 | CHANICAL M                                       | CANS                                   |                            |  | 15 - MOTOR VEHICLE                            |  | T 3 - EMOTIONAL (E.G., DEPRESSED,            |  | OTHER  | 01117/00       |  |  |
| RE   | AR FACING                 |                                | (NON-TRAILING UNIT) 15 - NON-MOTORIST              |   |  |  |                            |  | 16 - OUTSIDE MIRRO                            | R  | ANGRY, DISTURBED) 4- ILLNESS                 |  | UG TEST RE<br>Amphetamines                       | SULT(S)        |  |  |
|  | OSTER SEA<br>Elmet Usei   |                                | 99 - OTHER / UNKNOWN                               |   |  |  |                            |  | 17 - PROSTHETIC ALL                           | )  | 5- FELL ASLEEP, FAINTED,<br>FATIGUED, ETC    | 2-   | BARBITURATES                                     |                |  |  |
|  | OTECTIVE F                |                                |  |   |  |  |                            |  | 18-OTHER                                      |  | 6- UNDER THE INFLUENCE                       | 4.   | BENZODIAZEPIN:<br>Cannabinoids                   | :5             |  |  |
| 10 - RE  | O - REFLECTIVE CLOTHING   |                                |  |   |  |  |                            |  |   |  | OF MEDICATIONS / DRUG<br>/ ALCOHOL           | 5-   | COCAINE  |                |  |  |
|  | SHTING – PE<br>ICYCLE ONL |                                |  |   |  |  |                            |  |   |  | 9- OTHER / UNKNOWN                           |  | OPIATES / OPIOID<br>OTHER                        | S              |  |  |
| 99 - OT  | HER/UNKN                  | OWN                            |  |   |  |  |                            |  |   |  |  |  | NEGATIVE RESUL                                   | TS             |  |  |

| OCCUPANT / WITNESS ADDENDUM       |                                   |  |                         |   |  |                                   | LOCAL REPORT NUMBER               |                                       |               |          |         |  |  |
|-----------------------------------|-----------------------------------|--|-------------------------|---|--|-----------------------------------|-----------------------------------|---------------------------------------|---------------|----------|---------|--|--|
|                                   |                                   |  |                         |   |  |                                   | L P 1 9 0 2 1 4 0 0 0 7 6 7       |                                       |               |          |         |  |  |
| UNIT#                             | UNIT # NAME: LAST, FIRST, MIDDLE  |  |                         |   |  |                                   |                                   | DATE OF BIRTH AGE GENDER              |               |          |         |  |  |
| _ 1                               | Cornett, Jennifer, L              |  |                         |   |  |                                   |                                   | 1, 1, /, 3, 0, /, 1, 9, 6, 5, 5, 3, F |               |          |         |  |  |
| Address:                          | ADDRESS: STREET, CITY, STATE, ZIP |  |                         |   |  |                                   |                                   | CONTACT PHONE - INCLUDE AREA CODE     |               |          |         |  |  |
| 3350 L                            | 3350 Lynn Dr., Franklin, OH 45005 |  |                         |   |  |                                   |                                   |                                       | 3 9           | 7 .      | 4 9     |  |  |
| INJURIES                          | INJURED<br>TAKEN                  | EMS AGENCY (NAME)                      |                         | INJURED TAKEN TO: MEDICAL FACIL   | ITY (NAME, CITY)   | SAFETY EQUIPMENT                  | DOT-COMPLIANT                     | SEATING POSITION                      | AIR BAG USAGE | EJECTION | TRAPPED |  |  |
| 5                                 | BY                                |  |                         |   |  | 4                                 | ☐MC HELMET                        | 3                                     | 1             | 11_      | 1       |  |  |
| UNIT#                             | NAME: LAS                         | T, FIRST, MIDDLE                       |                         |   |  |                                   | DAT                               | E OF BIRTH                            |               | AGE      | GENDER  |  |  |
| 1 1                               | Cornett,                          | Ryan, Terry                            |                         |   |  |                                   | 0 3 / 0                           | 8 / 1 9                               | 8 9           | 2 , 9 ,  | М       |  |  |
| ADDRESS:                          | STREET, CITY,                     | STATE, ZIP                             | CONTACT PHONE           | - INCLUDE AREA CO   | DE   |                                   |                                   |                                       |               |          |         |  |  |
| 3350 Ly                           | ynn Dr., F                        | ranklin, OH 45005                      | 5                       |   |  |                                   | 9 3 7 7 4 3 9 7 4 9               |                                       |               |          |         |  |  |
| INJURIES                          | INJURED                           | EMS AGENCY (NAME)                      |                         | INJURED TAKEN TO: MEDICAL FACILI  | DOT-COMPLIANT  | SEATING POSITION                  | AIR BAG USAGE                     | EJECTION                              | TRAPPED       |          |         |  |  |
| 5                                 | TAKEN<br>BY                       |  |                         |   | USED 3   | MC HELMET                         | 5                                 | 1                                     | 1 ,           | 1 ,      |         |  |  |
| UNIT#                             | NAME: LAS                         | T, FIRST, MIDDLE                       |                         |   |  |                                   | DAT                               | E OF BIRTH                            |               | AGE      | GENDER  |  |  |
|                                   |                                   |  |                         |   |  |                                   | 9 9 1 1                           |                                       | 2 2 3         |          |         |  |  |
| ADDRESS:                          | STREET, CITY,                     | STATE, ZIP                             |                         |   |  |                                   | CONTACT PHONE                     | - INCLUDE AREA CO                     | DE .          |          |         |  |  |
| ana<br>ana                        |                                   |  |                         |   |  |                                   | 9 8                               | 30 11 11                              |               | 0 N      |         |  |  |
| INJURIES                          | INJURED                           | EMS AGENCY (NAME)                      |                         | (NJURED TAKEN TO: Medical Facili  | ITY (NAME, CITY)   | SAFETY EQUIPMENT                  |                                   | SEATING POSITION                      | AIR BAG USAGE | EJECTION | TRAPPED |  |  |
| ١, , , ,                          | TAKEN<br>BY                       |  |                         |   |  | USED                              | MC HELMET                         | 6 00 0                                | ļ             |          |         |  |  |
| UNIT#                             | NAME: LAS                         | T, FIRST, MIDDLE                       |                         |   |  |                                   | DAT                               | E OF BIRTH                            |               | AGE      | GENDER  |  |  |
|                                   |                                   | ·,···································· |                         |   |  |                                   | T 19 30 300 3                     | v ni ni ni                            | 00 10 10      |          |         |  |  |
| ADDRESS:                          | STREET, CITY,                     | STATE, ZIP                             |                         |   |  |                                   | CONTACT PHONE - INCLUDE AREA CODE |                                       |               |          |         |  |  |
|                                   |                                   | ·                                      |                         |   |  |                                   |                                   | 1967 11 1                             | p 50 05       |          |         |  |  |
| INJURIES                          | INJURED                           | EMS Agency (NAME)                      |                         | INJURED TAKEN TO: Medical Facili  | ITY (NAME, CITY)   | SAFETY EQUIPMENT                  |                                   | SEATING POSITION                      | AIR RAG USAGE | EJECTION | TRAPPED |  |  |
| 1110011120                        | TAKEN<br>BY                       | and recent maner                       |                         | AND TAKEN TO, INCOME I AUGU   | TT (NAME, UTT)   | USED                              | DOT-COMPLIANT                     | JERNAMO I VOLITOR                     | AIN DAU GUAUL | Lucuitum | IKAITED |  |  |
|                                   | INIII                             | RIES                                   | SAFFTY                  | EQUIPMENT USED  |  | SEATING POS                       |                                   |                                       | AIR BAG U     | SAGE     |         |  |  |
| 1 - FATA                          |                                   | 11.23                                  | 1 - NONE USI            |   | W  | T – LEFT SIDE                     | ITION                             | 1 - NOT DE                            |               | JA 42    |         |  |  |
|                                   |                                   | RIOUS INJURY                           |                         | OCCUPANT  | (ER) 2 - DEPLOYED FRONT  |                                   |                                   |                                       |               |          |         |  |  |
|                                   |                                   | NOR INJURY                             | 2 - SHOULDE             | ER BELT ONLY USED 2 - FRONT - MIDDLE                                    |  |                                   | 3 - DEDLOVED SIDE                 |                                       |               |          |         |  |  |
| 4 - POSS                          | IBLE INJU                         | RY                                     | 3 - LAP BELT            | T ONLY USED 3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE            |  |                                   | 4 - DEPLOYED BOTH                 |                                       |               |          |         |  |  |
| 5 - NO AI                         | PPARENT I                         | NJURY                                  |                         | ER & LAP BELT USED (MOTORCYCLE  |  |                                   | ENGER)                            | FRONT/SIDE                            |               |          |         |  |  |
|                                   | INJURED.                          | TAKEN BY                               | 5 - CHILD RE<br>FORWARD | ESTRAINT SYSTEM – 5 - SECOND – MIDDLE<br>D FACING 6 - SECOND – RIGHT SI |  |                                   | 5 - NOT APPLICABLE                |                                       |               |          |         |  |  |
|                                   | ranspor                           |  |                         | ESTRAINT SYSTEM – 7 - THIRD – LEFT                                      |  |                                   | <u></u>                           | 9 - DEPLO                             | YMENT UNK     | NOWN     |         |  |  |
|                                   | ATED AT SO                        |  | REAR FAC                | ING   | ORCYCLE SIDE   | CAR)                              | EJECTION                          |                                       |               |          |         |  |  |
| 2 - EMS                           |                                   |  | 7 - BOOSTER             | SEAT  | D – MIDDLE<br>D – RIGHT SIDE   |                                   | 1 - NOT EJ                        | ECTED                                 |               |          |         |  |  |
| 3 - P0LI0                         | CE                                |  | 8 - HELMET              | T USED 10 - SLEEPER S   |  |                                   |                                   | 2 - PARTIA                            | LLY EJECTE    | D        |         |  |  |
| 9 - OTHE                          | R / UNKNO                         | WN                                     |                         | (VE PADS USED<br>(NEES, ETC.)   | ENGER IN OTH   |                                   | 3 - TOTALL                        | Y EJECTED                             |               |          |         |  |  |
|                                   |                                   |  |                         | VE CLOTHING   | CARGO AREA (NON-TH<br>BUS, PICK-UP WITH CAI<br>12 - PASSENGER IN UNE |                                   |                                   | 4 - NOT APPLICABLE                    |               |          |         |  |  |
|                                   |                                   |  |                         | – PEDESTRIAN  |  |                                   | NCLOSED                           | TRAPPED                               |               |          |         |  |  |
|                                   |                                   |  | / BICYCLE               | ONLY  |  | O AREA<br>LING UNIT               | 1 - NOTTRAPPED                    |                                       |               |          |         |  |  |
|                                   |                                   |  | 99 - OTHER / U          | NKNOWN  | 14 - RIDING ON VEHICLE   |                                   | EXTERIOR                          | 2 - EXTRICATED BY MECHANICAL<br>MEANS |               |          |         |  |  |
|                                   |                                   |  |                         |   |  | TRAILING UNIT) MOTORIST           |                                   |                                       | BY NON-ME     | CHANICA  | AL      |  |  |
|                                   |                                   |  |                         |   |  | R / UNKNOWN                       |                                   | MEANS                                 |               |          |         |  |  |
| NAME: LAST                        | T, FIRST, MIDDL                   | E                                      |                         |   |  |                                   | DAT                               | E OF BIRTH                            |               | AGE      | GENDER  |  |  |
|                                   |                                   |  |                         |   |  |                                   | <u> </u>                          | J 10 10 10                            | 1 1 1         |          |         |  |  |
| ADDRESS:                          | STREET, CITY, S                   | STATE, ZIP                             |                         |   |  |                                   | CONTACT PHONE                     | - INCLUDE AREA COL                    | DE            |          |         |  |  |
| <u> </u>                          |                                   |  |                         |   |  |                                   | <u></u>                           | 1 1                                   | 1 1           |          | 1 1     |  |  |
| NAME: LAST, FIRST, MIDDLE         |                                   |  |                         |   |  |                                   | DATE OF BIRTH AGE GENDER          |                                       |               |          |         |  |  |
|                                   |                                   |  |                         |   |  |                                   |                                   |                                       |               |          |         |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP |                                   |  |                         |   |  | CONTACT PHONE - INCLUDE AREA CODE |                                   |                                       |               |          |         |  |  |
|                                   |                                   |  |                         |   |  |                                   |                                   |                                       |               |          |         |  |  |
| NAME: LAST                        | T, FIRST, MIDDL                   | E                                      |                         |   |  |                                   | DATE OF BIRTH AGE GENDER          |                                       |               |          |         |  |  |
|                                   |                                   |  |                         |   |  |                                   |                                   |                                       |               |          |         |  |  |
| ADDRESS: S                        | ADDRESS: STREET, CITY, STATE, ZIP |  |                         |   |  |                                   |                                   | CONTACT PHONE - INCLUDE AREA CODE     |               |          |         |  |  |
| L.                                |                                   |  |                         |   |  |                                   |                                   |                                       |               |          |         |  |  |