

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

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

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

LOCAL INFORMATION
REPORTING AGENCY NAME*
 CLEARCREEK TWP PD **NCIC*** 0 8 3 1 6

HIT/SKIP
 1 - SOLVED 2 - UNSOLVED
 NUMBER OF UNITS: 0 1
 UNIT IN ERROR: 9 8
 98 - ANIMAL 99 - UNKNOWN

COUNTY* 8 3 **LOCALITY*** 3
 1 - CITY 2 - VILLAGE 3 - TOWNSHIP
LOCATION - CITY, VILLAGE, TOWNSHIP*
 CLEARCREEK

CRASH DATE / TIME*
 09 16 20 19 23 10
CRASH SEVERITY
 1 - FATAL 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE S R **ROUTE NUMBER** 73 **LOCATION ROAD NAME**
 PREFIX: 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST

LATITUDE DECIMAL DEGREES
 3 9 . 5 4 6 7 6 9

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
 BUNNELL HILL **ROAD TYPE** R D

LONGITUDE DECIMAL DEGREES
 - 8 4 . 1 9 4 5 0 8

REFERENCE POINT
 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #
 1
DIRECTION FROM REFERENCE
 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
ROUTE TYPE
 IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE
ROAD TYPE
 AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS
 HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PJ - PIKE PL - PLACE
 RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHES
ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT
 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP
 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN
 0 1

MANNER OF CRASH COLLISION/IMPACT
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN
DIRECTION OF TRAVEL
 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
MEDIAN TYPE
 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE
 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER

LOCATION OF CRASH IN WORK ZONE
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

CONTOUR 1
 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN
CONDITIONS 1
 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN
SURFACE 2
 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN

LIGHT CONDITION
 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN
 3

WEATHER
 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN
 0 1

NARRATIVE
 UNIT 1 WAS TRAVELING WESTBOUND ON STATE ROUTE 73. A DEER THEN STRUCK UNIT 1.

DEER STRIKE

Indicate the north direction with an "N" on the compass diagram.

CRASH REPORTED DATE / TIME 0 9 1 6 2 0 1 9 2 3 1 0 **DISPATCH DATE / TIME** 0 9 1 6 2 0 1 9 2 3 1 0 **ARRIVAL DATE / TIME** 0 9 1 6 2 0 1 9 2 3 1 1 **SCENE CLEARED DATE / TIME** 0 9 1 6 2 0 1 9 2 3 2 8

REPORT TAKEN BY
 POLICE AGENCY MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

TOTAL TIME ROADWAY CLOSED 0 0 0 **OTHER INVESTIGATION TIME** 0 0 0 **TOTAL MINUTES** 0 1 8
OFFICER'S NAME* ERIC M. PEABODY **CHECKED BY OFFICER'S NAME*** ERIC D NEY
OFFICER'S BADGE NUMBER* 1 L 3 5 **CHECKED BY OFFICER'S BADGE NUMBER*** 1 L 2 5

| | | | |
|--------------|--|--|---|
| OWNER | UNIT # 0 1 | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) EHRNSCHWENDER, PHILIP, P.F. | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) 9 3 7 6 7 3 8 5 8 3 |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 705 VIRGINIA AVE, FRANKLIN, OHIO, 45005 | | |
| | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |

| | | | | |
|---|---|--|--|--------------------------------|
| LP STATE OH | LICENSE PLATE # HKN1168 | VEHICLE IDENTIFICATION # 4 T 1 B F 1 8 B 5 W U 2 1 2 6 4 9 | VEHICLE YEAR 1 9 9 8 | VEHICLE MAKE TOYOTA |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY PROGRESSIVE | INSURANCE POLICY # 922086132 | COLOR WHITE | VEHICLE MODEL AVALON |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 0 2 | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | |
| TYPE OF USE | | TOWED BY: COMPANY NAME | | |
| <input type="checkbox"/> HAZARDOUS MATERIAL | | <input type="checkbox"/> MATERIAL RELEASED | | |
| <input type="checkbox"/> PLACARD | | CLASS # PLACARD ID # | | |

| | | | | | |
|----------------------------|-----------------------------|--------------------------------------|------------------------|--|----------------------------|
| UNIT TYPE | 1 - PASSENGER CAR | 7 - MOTORCYCLE 2-WHEELED | 12 - GOLF CART | 18 - LIMO (LIVERY VEHICLE) | 23 - PEDESTRIAN / SKATER |
| | 2 - PASSENGER VAN (MINIVAN) | 8 - MOTORCYCLE 3-WHEELED | 13 - SNOWMOBILE | 19 - BUS (16+ PASSENGERS) | 24 - WHEELCHAIR (ANY TYPE) |
| | 3 - SPORT UTILITY VEHICLE | 9 - AUTOCYCLE | 14 - SINGLE UNIT TRUCK | 20 - OTHER VEHICLE | 25 - OTHER NON-MOTORIST |
| | 4 - PICK UP | 10 - MOPED OR MOTORIZED BICYCLE | 15 - SEMI-TRACTOR | 21 - HEAVY EQUIPMENT | 26 - BICYCLE |
| | 5 - CARGO VAN | 11 - ALL TERRAIN VEHICLE (ATV / UTV) | 16 - FARM EQUIPMENT | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN |
| | 6 - VAN (9-15 SEATS) | | 17 - MOTORHOME | 99 - UNKNOWN OR HIT/SKIP | |
| # of TRAILING UNITS | | | | | |

| | | | |
|--|------------------------|----------------------------|-------------|
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | 0 - NO AUTOMATION | 3 - CONDITIONAL AUTOMATION | 9 - UNKNOWN |
| 1 - YES 2 - NO 9 - OTHER / UNKNOWN | 1 - DRIVER ASSISTANCE | 4 - HIGH AUTOMATION | |
| | 2 - PARTIAL AUTOMATION | 5 - FULL AUTOMATION | |

| | | | | | |
|-------------------------|-----------------------------|------------------------|-----------------------------|----------------------------|----------------------|
| SPECIAL FUNCTION | 1 - NONE | 6 - BUS - CHARTER/TOUR | 11 - FIRE | 16 - FARM | 21 - MAIL CARRIER |
| | 2 - TAXI | 7 - BUS - INTERCITY | 12 - MILITARY | 17 - MOWING | 99 - OTHER / UNKNOWN |
| | 3 - ELECTRONIC RIDE SHARING | 8 - BUS - SHUTTLE | 13 - POLICE | 18 - SNOW REMOVAL | |
| | 4 - SCHOOL TRANSPORT | 9 - BUS - OTHER | 14 - PUBLIC UTILITY | 19 - TOWING | |
| | 5 - BUS - TRANSIT/COMMUTER | 10 - AMBULANCE | 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE PATROL | |

| | | | | | |
|------------------------|---|--|----------------------------------|----------------|-----------------------|
| CARGO BODY TYPE | 1 - NO CARGO BODY TYPE / NOT APPLICABLE | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 5 - INTERMODAL CONTAINER CHASSIS | 8 - POLE | 12 - CONCRETE MIXER |
| | 2 - BUS | 4 - LOGGING | 6 - CARGO VAN/ENCLOSED BOX | 9 - CARGO TANK | 13 - AUTO TRANSPORTER |
| | | | 7 - GRATE/CHIPS/GRAVEL | 10 - FLAT BED | 14 - GARBAGE/REFUSE |
| | | | | 11 - DUMP | 99 - OTHER / UNKNOWN |

| | | | | | |
|------------------------|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| VEHICLE DEFECTS | 1 - TURN SIGNALS | 4 - BRAKES | 7 - WORN OR SLICK TIRES | 9 - MOTOR TROUBLE | 99 - OTHER / UNKNOWN |
| | 2 - HEAD LAMPS | 5 - STEERING | 8 - TRAILER EQUIPMENT DEFECTIVE | 10 - DISABLED FROM PRIOR ACCIDENT | |
| | 3 - TAIL LAMPS | 6 - TIRE BLOWOUT | | | |

| | | | | | |
|--|---------------------------------------|----------------------------------|-------------------------|---------------------------------|--|
| NON-MOTORIST LOCATION AT IMPACT | 1 - INTERSECTION - MARKED CROSSWALK | 3 - INTERSECTION - OTHER | 6 - BICYCLE LANE | 9 - MEDIAN/CROSSING ISLAND | 12 - FIRST RESPONDER AT INCIDENT SCENE |
| | 2 - INTERSECTION - UNMARKED CROSSWALK | 4 - MIDBLOCK - MARKED CROSSWALK | 7 - SHOULDER / ROADSIDE | 10 - DRIVEWAY ACCESS | 99 - OTHER / UNKNOWN |
| | | 5 - TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK | 11 - SHARED USE PATHS OR TRAILS | |

| | | | | | |
|---------------|----------------------------|------------------------|------------------------------------|--|--|
| ACTION | 1 - NON-CONTACT | 1 - STRAIGHT AHEAD | 7 - MAKING U-TURN | 13 - NEGOTIATING A CURVE | 18 - APPROACHING OR LEAVING VEHICLE |
| | 2 - NON-COLLISION | 2 - BACKING | 8 - ENTERING TRAFFIC LANE | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 19 - STANDING |
| | 3 - STRIKING | 3 - CHANGING LANES | 9 - LEAVING TRAFFIC LANE | 15 - WALKING, RUNNING, JOGGING, PLAYING | 20 - OTHER NON-MOTORIST |
| | 4 - STRUCK | 4 - OVERTAKING/PASSING | 10 - PARKED | 16 - WORKING | 21 - STANDING OUTSIDE DISABLED VEHICLE |
| | 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN | 11 - SLOWING OR STOPPED IN TRAFFIC | 17 - PUSHING VEHICLE | 99 - OTHER / UNKNOWN |
| | 9 - OTHER / UNKNOWN | 6 - MAKING LEFT TURN | 12 - DRIVERLESS | | |

| | | | | | |
|-----------------------------------|----------------------|--------------------------------|--|--------------------------------------|--------------------------------|
| CONTRIBUTING CIRCUMSTANCES | 1 - NONE | 7 - LEFT OF CENTER | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION | 21 - LYING IN ROADWAY |
| | 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE / ACDA | 14 - STOPPED OR PARKED ILLEGALLY | 18 - OPERATING DEFECTIVE EQUIPMENT | 22 - NOT DISCERNIBLE |
| | 3 - RAN RED LIGHT | 9 - IMPROPER LANE CHANGE | 15 - SWERVING TO AVOID | 19 - LOAD SHIFTING/FALLING/ SPILLING | 23 - OPENING DOOR INTO ROADWAY |
| | 4 - RAN STOP SIGN | 10 - IMPROPER PASSING | 16 - WRONG WAY | 20 - IMPROPER CROSSING | 99 - OTHER IMPROPER ACTION |
| | 5 - UNSAFE SPEED | 11 - DROVE OFF ROAD | | | |
| | 6 - IMPROPER TURN | 12 - IMPROPER BACKING | | | |

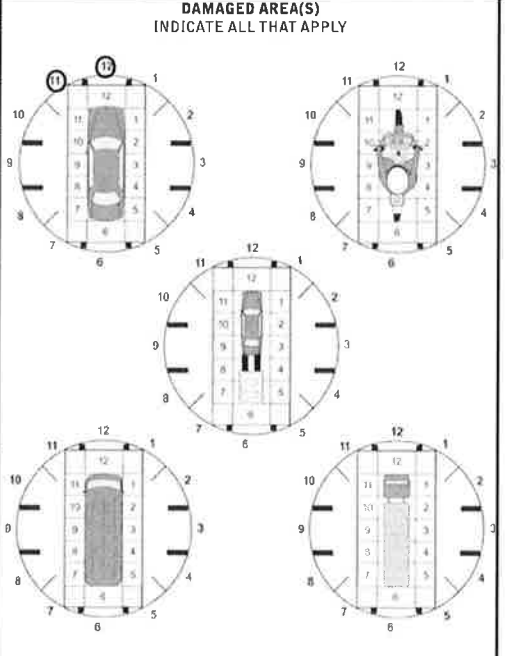
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|---------------------------|-------------------------------------|-------------------------|--|---------------------------------|---|
| SEQUENCE OF EVENTS | 1 - OVERTURN/ROLLOVER | 6 - EQUIPMENT FAILURE | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT |
| | 2 - FIRE/EXPLOSION | 7 - SEPARATION OF UNITS | 12 - DOWNHILL RUNAWAY | 17 - ANIMAL - FARM | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| | 3 - IMMERSION | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 18 - ANIMAL - DEER | 24 - OTHER MOVABLE OBJECT |
| | 4 - JACKKNIFE | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 19 - ANIMAL - OTHER | |
| | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 20 - MOTOR VEHICLE IN TRANSPORT | |

| | | | | | |
|---|-------------------------------|----------------------------------|------------|--------------------------------------|-------------------------|
| COLLISION WITH FIXED OBJECT - STRUCK | | | | | |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END | 37 - TRAFFIC SIGN POST | 43 - CURB | 50 - WORK ZONE MAINTENANCE EQUIPMENT | 51 - WALL |
| 26 - BRIDGE OVERHEAD STRUCTURE | 32 - PORTABLE BARRIER | 38 - OVERHEAD SIGN POST | 44 - DITCH | 45 - EMBANKMENT | 52 - BUILDING |
| 27 - BRIDGE PIER OR ABUTMENT | 33 - MEDIAN CABLE BARRIER | 39 - LIGHT / LUMINARIES SUPPORT | 46 - FENCE | 47 - MAILBOX | 53 - TUNNEL |
| 28 - BRIDGE PARAPET | 34 - MEDIAN GUARDRAIL BARRIER | 40 - UTILITY POLE | 48 - TREE | 49 - FIRE HYDRANT | 54 - OTHER FIXED OBJECT |
| 29 - BRIDGE RAIL | 35 - MEDIAN CONCRETE BARRIER | 41 - OTHER POST, POLE OR SUPPORT | | | 99 - OTHER / UNKNOWN |
| 30 - GUARDRAIL FACE | 36 - MEDIAN OTHER BARRIER | 42 - CULVERT | | | |

| | | | |
|----------------------------|---|---------------------------|---|
| FIRST HARMFUL EVENT | 1 | MOST HARMFUL EVENT | 1 |
|----------------------------|---|---------------------------|---|

LOCAL REPORT NUMBER
 L P 1 9 0 9 1 6 0 0 4 7 0 2

| | | | |
|---------------------|------------------|-----------------------|--|
| DAMAGE | | | |
| DAMAGE SCALE | | | |
| 2 | 1 - NONE | 3 - FUNCTIONAL DAMAGE | |
| | 2 - MINOR DAMAGE | 4 - DISABLING DAMAGE | |
| | 9 - UNKNOWN | | |



| | |
|--|--|
| <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 | | | |
| 1 2 | 0 - NO DAMAGE | 14 - UNDERCARRIAGE | |
| | 1-12 - REFER TO UNIT DIAGRAM | 15 - VEHICLE NOT AT SCENE | |
| | 13 - TOP | 99 - UNKNOWN | |

| | | | |
|------------------------|-------------|------------------------|------------------------------|
| TRAFFIC | | | |
| TRAFFICWAY FLOW | | TRAFFIC CONTROL | |
| 2 | 1 - ONE-WAY | 2 | 1 - ROUNDABOUT 4 - STOP SIGN |
| | 2 - TWO-WAY | | 2 - SIGNAL 5 - YIELD SIGN |
| | | | 3 - FLASHER 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 3 | TO 4 | 1 - NORTH | 5 - NORTHEAST |
| | | 2 - SOUTH | 6 - NORTHWEST |
| | | 3 - EAST | 7 - SOUTHEAST |
| | | 4 - WEST | 8 - SOUTHWEST |
| | | 9 - OTHER / UNKNOWN | |

| | | | |
|---------------------|-------|-----------------------|------------------------------|
| UNIT SPEED | 0 5 5 | DETECTED SPEED | 1 |
| | | | 1 - STATED / ESTIMATED SPEED |
| | | | 2 - CALCULATED / EDR |
| | | | 3 - UNDETERMINED |
| POSTED SPEED | 5 5 | | |



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
LP190916004702

| | | | | | | | | | | |
|---|---|--------------------------------------|--|---|--|-------------------------------|---|----------------------|---|--|
| UNIT # 01 | NAME: LAST, FIRST, MIDDLE EHRNSCHWENDER, PHILIP, P.F. | | DATE OF BIRTH 10 / 18 / 1978 | | AGE 40 | GENDER M | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 705 VIRGINIA AVE, FRANKLIN, OHIO, 45005 | | | | CONTACT PHONE - INCLUDE AREA CODE 9376738583 | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE OH | OPERATOR LICENSE NUMBER RT303433 | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS: 1, TYPE: 1, VALUE: . | | DRUG TEST(S) 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS: , TYPE: , VALUE: . | | DRUG TEST(S) STATUS: , TYPE: , 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS: , TYPE: , VALUE: . | | DRUG TEST(S) STATUS: , TYPE: , RESULT: SELECT UP TO 4 | |

| INJURIES | SEATING POSITION | AIR BAG | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS |
|---|--|------------------------------------|------------------------------|--|--|--|
| 1 - FATAL | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 1 - CLASS A | 1 - ALCOHOL INTERLOCK DEVICE | 1 - NOT DISTRACTED | 1 - NONE GIVEN |
| 2 - SUSPECTED SERIOUS INJURY | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 2 - CLASS B | 2 - CDL INTRASTATE ONLY | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED |
| 3 - SUSPECTED MINOR INJURY | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 3 - CLASS C | 3 - CORRECTIVE LENSES | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE | 4 - TEST GIVEN, RESULTS KNOWN |
| 5 - NO APPARENT INJURY | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | 5 - M/C MOPED ONLY | 5 - EXCEPT CLASS A & CLASS B BUS | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5 - TEST GIVEN, RESULTS UNKNOWN |
| INJURED TAKEN BY | | EJECTION | | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER | ALCOHOL TEST TYPE |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - SECOND - RIGHT SIDE | 1 - NOT EJECTED | H - HAZMAT | 7 - EXCEPT TRACTOR-TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | 1 - NONE |
| 2 - EMS | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 2 - PARTIALLY EJECTED | M - MOTORCYCLE | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | 2 - BLOOD |
| 3 - POLICE | 8 - THIRD - MIDDLE | 3 - TOTALLY EJECTED | P - PASSENGER | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN | 3 - URINE |
| 9 - OTHER / UNKNOWN | 9 - THIRD - RIGHT SIDE | 4 - NOT APPLICABLE | N - TANKER | 10 - LIMITED TO DAYLIGHT ONLY | DRUG TEST TYPE | |
| SAFETY EQUIPMENT | | TRAPPED | | 11 - LIMITED TO EMPLOYMENT | 1 - NONE | 2 - BLOOD |
| 1 - NONE USED | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1 - NOT TRAPPED | Q - MOTOR SCOOTER | 12 - LIMITED - OTHER | 2 - PHYSICAL IMPAIRMENT | 3 - URINE |
| 2 - SHOULDER BELT ONLY USED | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 2 - EXTRICATED BY MECHANICAL MEANS | R - THREE-WHEEL MOTORCYCLE | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 4 - OTHER |
| 3 - LAP BELT ONLY USED | 13 - TRAILING UNIT | 3 - FREED BY NON-MECHANICAL MEANS | S - SCHOOL BUS | 14 - MILITARY VEHICLES ONLY | CONDITION | |
| 4 - SHOULDER & LAP BELT USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 1 - APPARENTLY NORMAL | 1 - AMPHETAMINES |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 15 - NON-MOTORIST | | X - TANKER / HAZMAT | 16 - OUTSIDE MIRROR | 2 - PHYSICAL IMPAIRMENT | 2 - BARBITURATES |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 99 - OTHER / UNKNOWN | | | 17 - PROSTHETIC AID | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 3 - BENZODIAZEPINES |
| 7 - BOOSTER SEAT | | | | 18 - OTHER | 4 - ILLNESS | 4 - CANNABINOIDS |
| 8 - HELMET USED | | | | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 5 - COCAINE |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 6 - OPIATES / OPIOIDS |
| 10 - REFLECTIVE CLOTHING | | | | | 9 - OTHER / UNKNOWN | 7 - OTHER |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | 8 - NEGATIVE RESULTS |
| 99 - OTHER / UNKNOWN | | | | | | |

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
 L P 1 9 0 9 1 6 0 0 4 7 0 2

| | | | | | | | | | | |
|-----------------------------------|--|--|-------------------|---|-----------------------------------|--|-------------------------|----------------------|---------------|--------------|
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE EHRNSCHWENDER, SHAYE, MARIE | | | | DATE OF BIRTH 0 1 / 0 8 / 1 9 7 7 | | AGE 4 2 | GENDER F | |
| | ADDRESS: STREET, CITY, STATE, ZIP 705 VIRGINIA AVE, FRANKLIN, OHIO, 45005 | | | | | CONTACT PHONE - INCLUDE AREA CODE 9 3 7 6 7 3 8 5 8 3 | | | | |
| OCCUPANT | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 3 | AIR BAG USAGE 0 1 | EJECTION 1 | TRAPPED 1 |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| OCCUPANT | 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 |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| OCCUPANT | 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 |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| OCCUPANT | 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 |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |

| INJURIES | 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 |
| | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | |
| | 8 - HELMET USED | 8 - THIRD - MIDDLE | |
| | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE | |
| | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | |
| | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | |
| | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | |
| | | 13 - TRAILING UNIT | |
| | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | |
| | | 15 - NON-MOTORIST | |
| | | 99 - OTHER / UNKNOWN | |

| | | | | | | | | | |
|----------------|-----------------------------------|--|--|--|---------------|-----------------------------------|-----|--------|--|
| 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 | |
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