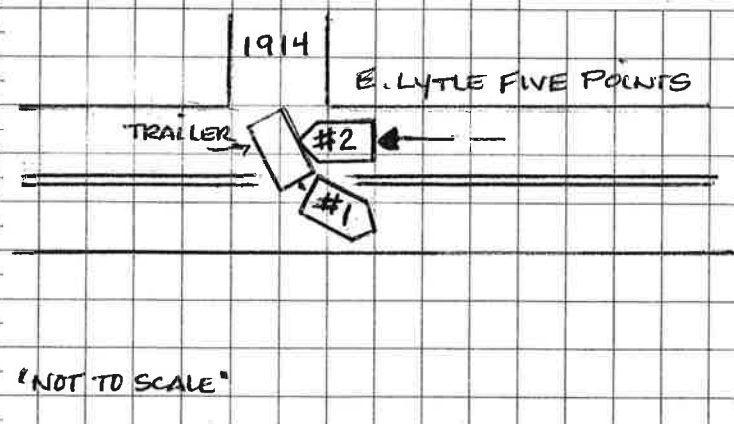
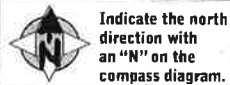


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

| | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY | | <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER | | LOCAL INFORMATION REPORTING AGENCY NAME* CLEARCREEK TWP PD | | NCIC* 0 8 3 1 6 | | LOCAL REPORT NUMBER* L P 1 9 1 1 2 5 0 0 5 9 7 8 | | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | | NUMBER OF UNITS 0 2 | | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 1 | |
| COUNTY* 8 3 | | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3 | | LOCATION: CITY, VILLAGE, TOWNSHIP* CLEARCREEK | | CRASH DATE / TIME* 1 1 2 5 2 0 1 9 1 8 2 5 | | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5 | | | | | | | |
| ROUTE TYPE <input type="checkbox"/> LOCATION | | ROUTE NUMBER <input type="checkbox"/> LOCATION | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | LOCATION ROAD NAME EAST LYTLE FIVE POINTS | | ROAD TYPE R D | | LATITUDE DECIMAL DEGREES 3 9 . 5 6 9 1 6 1 | | LONGITUDE DECIMAL DEGREES - 8 4 . 1 5 6 1 6 0 | | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 1914 | |
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3 | | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP 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 PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 0 | | ROADWAY DIVIDED <input type="checkbox"/> | | | | | |
| DISTANCE FROM REFERENCE <input type="checkbox"/> LOCATION | | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | | 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 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 5 | | 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 | | | | | |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> 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 4 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | WEATHER 0 1 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 | | NARRATIVE <p>Unit #1 was backing a trailer into the driveway of 1914 E. Lytle Five Points Road. The trailing unit of Unit #1 was in the driveway while Unit #1 was partially in the roadway. Unit #2 was driving westbound on E. Lytle Five Points Road. Unit #1 saw that Unit #2 did not appear to be slowing. Unit #1 flashed his headlights to alert Unit #2. Unit #1 took evasive action by driving forward quickly to prevent Unit #1 from being struck. Unit #2 struck the trailing unit of Unit #1 which was now in the roadway.</p> | | | | | | | | | | | |
| CRASH REPORTED DATE / TIME 1 1 2 5 2 0 1 9 1 8 2 5 | | DISPATCH DATE / TIME 1 1 2 5 2 0 1 9 1 8 2 5 | | ARRIVAL DATE / TIME 1 1 2 5 2 0 1 9 1 8 3 5 | | SCENE CLEARED DATE / TIME 1 1 2 5 2 0 1 9 1 9 2 5 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) | | | | | | | |
| TOTAL TIME ROADWAY CLOSED 0 5 0 | | OTHER INVESTIGATION TIME 0 3 0 | | TOTAL MINUTES 0 9 0 | | OFFICER'S NAME* WENDI J BLAHA | | CHECKED BY OFFICER'S NAME* Curtis O. Hensley | | | | | | | |
| OFFICER'S BADGE NUMBER* 1 L 3 4 | | CHECKED BY OFFICER'S BADGE NUMBER* 1 2 1 2 | | 'NOT TO SCALE' | | | | | | | | | | | |

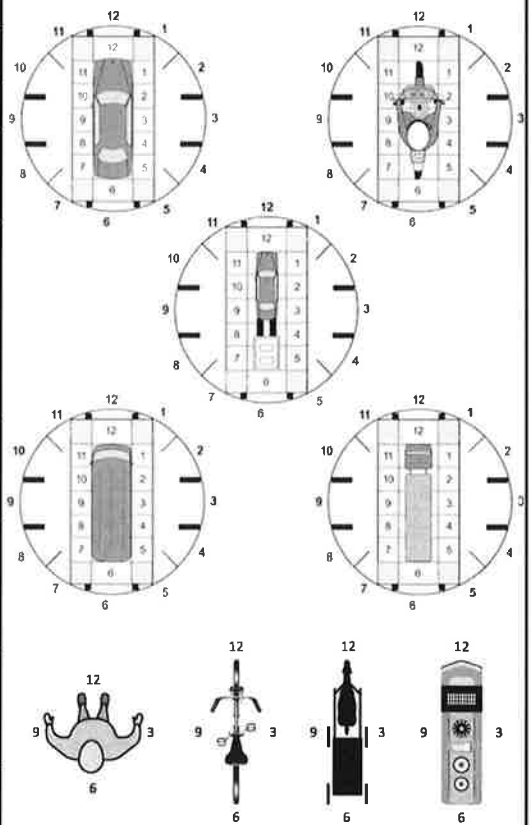


OWNER
 UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
MARSDEN, JOHNNY W.
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
393 WASHINGTON STREET, XENIA OH 45385
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

VEHICLE
 LP STATE O H LICENSE PLATE # GTP8296 VEHICLE IDENTIFICATION # 1 F T 7 W 2 B 6 5 G E A 3 2 8 4 0 VEHICLE YEAR 2 0 1 6 VEHICLE MAKE FORD
 INSURANCE VERIFIED INSURANCE COMPANY ERIE INSURANCE POLICY # Q037708575 COLOR BLACK VEHICLE MODEL F250
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME _____
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR
 1 - ≤10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.
 MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 PLACARD

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY



UNIT TYPE
0 4
 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 1

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

SPECIAL FUNCTION
0 1
 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
0 1
 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 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE
 11 - DUMP 99 - OTHER / UNKNOWN

VEHICLE DEFECTS
1
 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
 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 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION
4
 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 PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN

CONTRIBUTING CIRCUMSTANCES
1 2
 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 12 - IMPROPER BACKING

SEQUENCE OF EVENTS
2 0
 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 20 - MOTOR VEHICLE IN TRANSPORT
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

COLLISION WITH FIXED OBJECT - STRUCK
1
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 **MOST HARMFUL EVENT** 1

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

INITIAL POINT OF CONTACT
0 0
 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
6 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 4 TO 3
 1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

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

OWNER

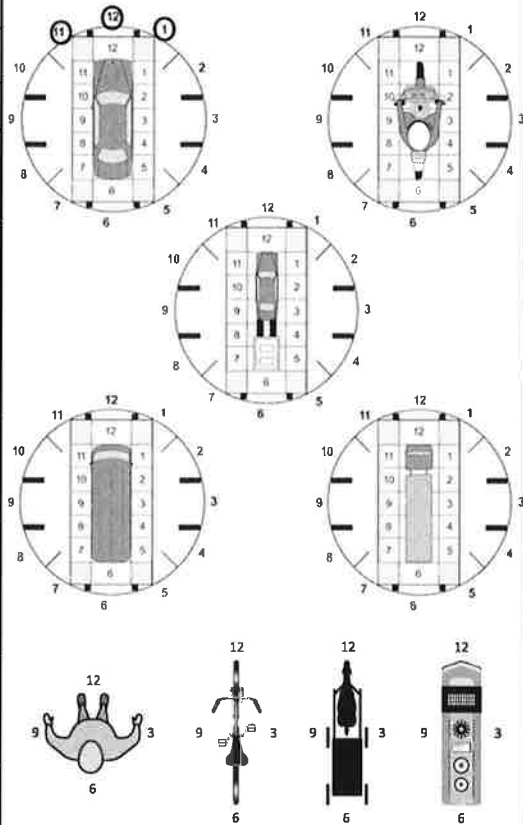
UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) _____
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) _____
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____

DAMAGE

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

LP STATE O H LICENSE PLATE # HNG9307 VEHICLE IDENTIFICATION # 3CZCR3H3H53AG703738 VEHICLE YEAR 2010 VEHICLE MAKE HONDA
 INSURANCE VERIFIED INSURANCE COMPANY FARMERS INSURANCE POLICY # 186735016 COLOR GRAY VEHICLE MODEL CRV
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR
 1 - ≤10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.
 TOWED BY: COMPANY NAME FUGATES
 MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 PLACARD

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



UNIT TYPE 0 1
 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? 2
 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 0 1
 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 0 1
 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 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
 11 - DUMP

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 - MEDIUM/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDLICK - 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 3 PRE-CRASH ACTIONS 0 1
 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 0 1
 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 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
 6 - IMPROPER TURN 12 - IMPROPER BACKING

SEQUENCE OF EVENTS
 1 2 0 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 20 - MOTOR VEHICLE IN TRANSPORT
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

NO DAMAGE [0] UNDERCARRIAGE [14]
 TOP [13] ALL AREAS [15]
 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 1 - ONE-WAY <u>2</u> 2 - TWO-WAY | TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN <u>6</u> 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 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 4 5
 POSTED SPEED 5 0
 DETECTED SPEED 1
 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
 L P 1 9 1 1 2 5 0 0 5 9 7 8

| | | | | | | | | | |
|---|---|------------------------------------|--|---|--|--|---------------------------|--|---------------------|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE MARSDEN, STEVEN | | DATE OF BIRTH 0 2 / 1 5 / 1 9 7 6 | | AGE 4 3 | GENDER M | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 12102 ST RT 725 WEST, GERMANTOWN OH 45327 | | | | CONTACT PHONE - INCLUDE AREA CODE 9 3 7 8 5 5 7 2 1 5 | | | | | |
| 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 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE O H | OPERATOR LICENSE NUMBER RQ746755 | OFFENSE CHARGED 4511.38A | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION IMPROPER BACKING | | CITATION NUMBER 017574 | | | |
| 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 TYPE VALUE | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 | |

| | | | | | | | | | |
|---|--|-----------------------------------|--|---|--|--|---------------------------|--|---------------------|
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE MOELLER, PATRICK | | DATE OF BIRTH 0 2 / 1 7 / 1 9 5 8 | | AGE 6 1 | GENDER M | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 3211 LYTLE ROAD, WAYNESVILLE OH 45068 | | | | CONTACT PHONE - INCLUDE AREA CODE 9 3 7 4 3 0 4 1 2 2 | | | | | |
| 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 1 | AIR BAG USAGE 2 | EJECTION 1 | TRAPPED 1 |
| OL STATE O H | OPERATOR LICENSE NUMBER RU422959 | 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 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 BUS | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5 - TEST GIVEN, RESULTS UNKNOWN |
| INJURED TAKEN BY | | | EJECTION | | | ALCOHOL TEST TYPE |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - SECOND - RIGHT SIDE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 8 - THIRD - MIDDLE | 7 - EXCEPT TRACTOR-TRAILER | 6 - PASSENGER | 1 - NONE |
| 2 - EMS | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 8 - THIRD - MIDDLE | 9 - THIRD - RIGHT SIDE | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | 2 - BLOOD |
| 3 - POLICE | 8 - THIRD - MIDDLE | 9 - THIRD - RIGHT SIDE | 10 - SLEEPER SECTION OF TRUCK CAB | 9 - LEARNER'S PERMIT RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | 3 - URINE |
| 9 - OTHER / UNKNOWN | 9 - THIRD - RIGHT SIDE | 10 - SLEEPER SECTION OF TRUCK CAB | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 10 - LIMITED TO DAYLIGHT ONLY | 9 - OTHER / UNKNOWN | 4 - BREATH |
| SAFETY EQUIPMENT | | | TRAPPED | | | DRUG TEST TYPE |
| 1 - NONE USED | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1 - NOT TRAPPED | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 11 - LIMITED TO EMPLOYMENT | 1 - APPARENTLY NORMAL | 1 - NONE |
| 2 - SHOULDER BELT ONLY USED | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 2 - EXTRICATED BY MECHANICAL MEANS | 13 - TRAILING UNIT | 12 - LIMITED - OTHER | 2 - PHYSICAL IMPAIRMENT | 2 - BLOOD |
| 3 - LAP BELT ONLY USED | 13 - TRAILING UNIT | 3 - FREED BY NON-MECHANICAL MEANS | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | 3 - URINE |
| 4 - SHOULDER & LAP BELT USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 15 - NON-MOTORIST | 14 - MILITARY VEHICLES ONLY | 4 - ILLNESS | 4 - OTHER |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 15 - NON-MOTORIST | | 99 - OTHER / UNKNOWN | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 99 - OTHER / UNKNOWN | | | 16 - OUTSIDE MIRROR | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | |
| 7 - BOOSTER SEAT | | | | 17 - PROSTHETIC AID | 9 - OTHER / UNKNOWN | |
| 8 - HELMET USED | | | | 18 - OTHER | | |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | |
| 10 - REFLECTIVE CLOTHING | | | | | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | |
| 99 - OTHER / UNKNOWN | | | | | | |
| | | | | | CONDITION | DRUG TEST RESULT(S) |
| | | | | | 1 - APPARENTLY NORMAL | 1 - AMPHETAMINES |
| | | | | | 2 - PHYSICAL IMPAIRMENT | 2 - BARBITURATES |
| | | | | | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | 3 - BENZODIAZEPINES |
| | | | | | 4 - ILLNESS | 4 - CANNABINOIDS |
| | | | | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 5 - COCAINE |
| | | | | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 6 - OPIATES / OPIOIDS |
| | | | | | 9 - OTHER / UNKNOWN | 7 - OTHER |
| | | | | | | 8 - NEGATIVE RESULTS |

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
 L P 1 9 1 1 2 5 0 0 5 9 7 8

| | | | | |
|-----------------|--|--|------------------------------------|--|
| 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 _____ |

| 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 PEAGLER, RANDY | DATE OF BIRTH 1 0 / 1 1 / 1 9 7 6 | AGE 4 3 | GENDER M |
| | ADDRESS: STREET, CITY, STATE, ZIP 320 WEST CENTRAL AVENUE, SPRINGBORO OH 45066 | CONTACT PHONE - INCLUDE AREA CODE 9 3 7 3 0 7 7 7 9 2 | | |