

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *
13SO250020522

| | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> PRIVATE PROPERTY | | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER | | LOCAL INFORMATION REPORTING AGENCY NAME * Clermont County Sheriff | | NCIC * 01300 | | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | | NUMBER OF UNITS 2 | | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN | | | | | |
| COUNTY* 13 | | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3 | | LOCATION: CITY, VILLAGE, TOWNSHIP* Batavia | | CRASH DATE / TIME* 06/09/2025 08:00 | | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | | | | | | | | | |
| ROUTE TYPE LOCATION | | ROUTE NUMBER LOCATION | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | LOCATION ROAD NAME JAMES E SAULS | | ROAD TYPE DR | | LATITUDE DECIMAL DEGREES 39.072720 | | LONGITUDE DECIMAL DEGREES -84.111318 | | | | | |
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3 | | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2 | | 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 | | | | | |
| DISTANCE FROM REFERENCE 60.00 | | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2 | | 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 | | ROADWAY <input type="checkbox"/> 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 99 | | | | 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 2 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 1 | | | | 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 2 | | | | CRASH REPORTED DATE / TIME 06/09/2025 08:00 | | DISPATCH DATE / TIME 06/09/2025 08:11 | | ARRIVAL DATE / TIME 06/09/2025 08:21 | | SCENE CLEARED DATE / TIME 06/09/2025 08:50 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES 39 | | OFFICER'S NAME* DEPUTY EYRE | | CHECKED BY OFFICER'S NAME* Rudd, J | | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | | | | | | | |
| OFFICER'S BADGE NUMBER* R11399 | | CHECKED BY OFFICER'S BADGE NUMBER* R3052 | | NARRATIVE Unit 1 was backing into a parking spot when he struck Unit 2 in the front driverside bumper. | | | | | | | | | | | | | |
| 1985 JAMES E SAULS DR | | | | | | | | | | | | | | | | | |

UNIT # 1 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER)
OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
3431 QUEENSWAY DR, ERLANGER, KY, 41018
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

LP STATE KY **LICENSE PLATE #** P6T581 **VEHICLE IDENTIFICATION #** 1HGCP2F34AA191151 **VEHICLE YEAR** 2010 **VEHICLE MAKE** HONDA

INSURANCE VERIFIED **INSURANCE COMPANY** COMMONWEALTH OF KENTUCKY **INSURANCE POLICY #** 988438463 **COLOR** BLK **VEHICLE MODEL** ACCORD

COMMERCIAL **GOVERNMENT** **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY:** COMPANY NAME

INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **# OCCUPANTS** **VEHICLE WEIGHT GVWR/GCWR**
 1 - ≤ 10K LBS.
 2 - 10.001 - 26K LBS.
 3 - > 26K LBS.

MATERIAL RELEASED **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

UNIT TYPE 1 **# of TRAILING UNITS** 0

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

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

SPECIAL FUNCTION 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 EQUIP.** **20 - SAFETY SERVICE PATROL**

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

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

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

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

SEQUENCE OF EVENTS

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

FIRST HARMFUL EVENT 2 **MOST HARMFUL EVENT** 2

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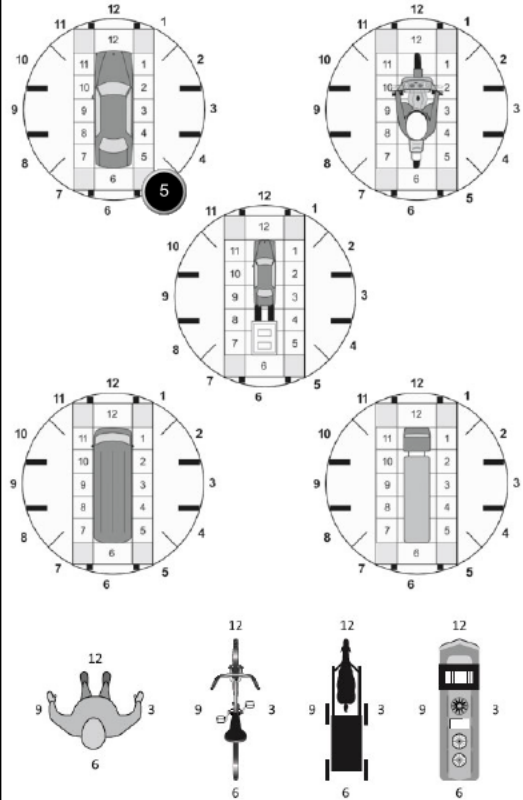
DAMAGE

DAMAGE SCALE

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

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



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

INITIAL POINT OF CONTACT

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

TRAFFIC

TRAFFICWAY FLOW 1 **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 1 **RAIL GRADE CROSSING** 1
 1 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED **DETECTED SPEED**
 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED

| | | | |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| OWNER | UNIT # 2 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) MCCARTY, BRADLEY | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 431 N WATER ST, GEORGETOWN, OH, 45121 | | |
| | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |

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| LP STATE OH | LICENSE PLATE # JWS7038 | VEHICLE IDENTIFICATION # 1FTEX1EP7GFA99579 | VEHICLE YEAR 2016 | VEHICLE MAKE FORD |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY GARRISON PROPERTY AND CAS | INSURANCE POLICY # GAR0415494237101 | COLOR BLK | VEHICLE MODEL F-150 |
| TYPE OF USE | | US DOT # | TOWED BY: COMPANY NAME | |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | VEHICLE WEIGHT GVWR/GCWR 1 - ≤ 10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS. | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # | |
| UNIT TYPE 4 | 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN # OF TRAILING UNITS: 0 | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPEL OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP |

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| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN |
| SPECIAL FUNCTION 1 | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP. 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN |
| CARGO BODY TYPE 99 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN |
| VEHICLE DEFECTS | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN |

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| NON-MOTORIST LOCATION | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN |
| ACTION 4 | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN |
| CONTRIBUTING CIRCUMSTANCES 1 | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION |

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

LOCAL REPORT NUMBER

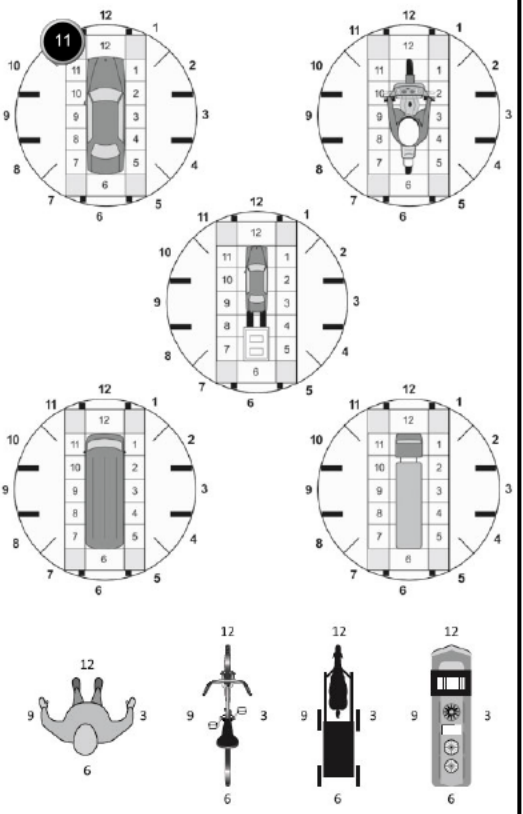
13SO250020522

DAMAGE

DAMAGE SCALE

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



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

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
 11 - 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 99 - UNKNOWN
 13 - TOP

TRAFFIC

| | |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 1 | TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL 6 |
| # OF THROUGH LANES ON ROAD 1 | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1 |

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED

DETECTED SPEED

UNIT SPEED: []
 POSTED SPEED: []
 DETECTED SPEED: 3
 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED

MOTORIST / Non-MOTORIST

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| | | | | | | | | | | | |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------|---------------------------|----------------------|------------------------|--|
| UNIT # 1 | NAME: LAST, FIRST, MIDDLE MENDOZA RAMIREZ, FRANCISCO JAVIER | | | | DATE OF BIRTH 05/06/1984 | | AGE 41 | GENDER M | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 3431 QUEENSWAY DR, ERLANGER, KY, 41018 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 99 | <input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET | SEATING POSITION 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE KY | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS 4 | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST | | DRUG TEST(S) | | |
| | | | | | | STATUS: 1, 1 | | VALUE: . | | RESULTS SELECT UP TO 4 | |

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|-----------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------|---------------------------|----------------------|------------------------|--|
| UNIT # 2 | NAME: LAST, FIRST, MIDDLE MCCARTY, BRADLEY | | | | DATE OF BIRTH 10/06/1986 | | AGE 38 | GENDER M | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 431 N WATER ST, GEORGETOWN, OH, 45121 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 99 | <input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET | SEATING POSITION 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE OH | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS 4 | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST | | DRUG TEST(S) | | |
| | | | | | | STATUS: 1, 1 | | VALUE: . | | RESULTS 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 <input type="checkbox"/> MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | |
| | | | | | | STATUS: 1, 1 | | VALUE: . | | RESULTS SELECT UP TO 4 | |

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

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
13SO250020522

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|------------------------------------------|------------------------------------------|----------------------------------|--------------------------------------------------------|------------------------------------------|---------------------------------------------------------|-------------------------|----------------------|-----------------|----------------|
| 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 | <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 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <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 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <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 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN |
| INJURED TAKEN BY | | | EJECTION |
| 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN | | | 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE |
| GENDER | | | TRAPPED |
| F - FEMALE M - MALE U - OTHER / UNKNOWN | | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS |

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