

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*  
24-OPD-0808

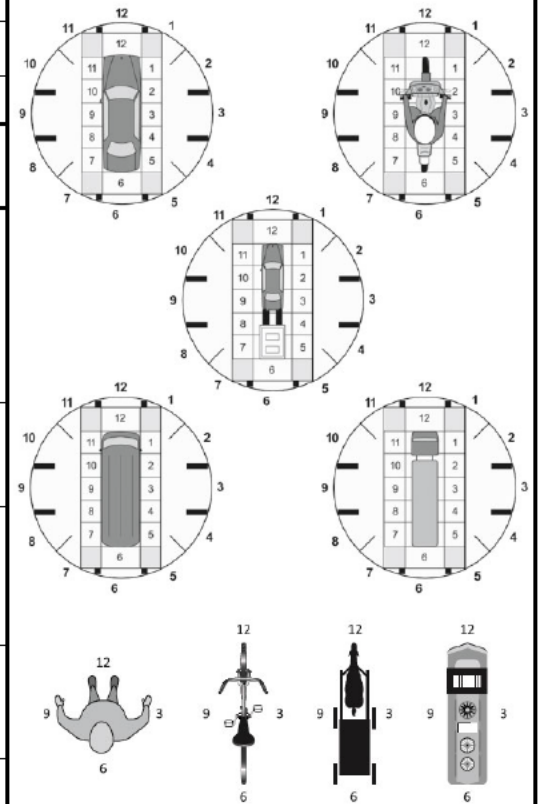
|                                                                                                                                                                                   |  |                                                                                                                                                   |                                          |                                                                                                                                                                             |  |                                                                                                                     |  |                                                                                                                                                                                          |                                               |                                                                                                                                               |  |                                                                                                           |  |                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                 |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY                                      |                                          | <input checked="" type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER                                                                                                  |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br>Oxford Police Department                                            |  | NCIC *<br>00907                                                                                                                                                                          |                                               | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                        |  | NUMBER OF UNITS<br>2                                                                                      |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN |  |
| COUNTY*<br>9                                                                                                                                                                      |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1                                                                                         |                                          | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Olde West Chester                                                                                                                     |  | CRASH DATE / TIME*<br>09/09/2024 19:34                                                                              |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                                             |                                               |                                                                                                                                               |  |                                                                                                           |  |                                              |  |
| ROUTE TYPE<br>SR                                                                                                                                                                  |  | ROUTE NUMBER<br>73                                                                                                                                |                                          | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                    |  | LOCATION ROAD NAME<br>Trenton Oxford                                                                                |  | ROAD TYPE<br>RD                                                                                                                                                                          |                                               | LATITUDE DECIMAL DEGREES<br>39.507666                                                                                                         |  | LONGITUDE DECIMAL DEGREES<br>-84.727913                                                                   |  |                                              |  |
| ROUTE TYPE<br>US                                                                                                                                                                  |  | ROUTE NUMBER<br>27                                                                                                                                |                                          | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                    |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Patterson                                                          |  | ROAD TYPE<br>AV                                                                                                                                                                          |                                               |                                                                                                                                               |  |                                                                                                           |  |                                              |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                               |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                        |                                          | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                         |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                                                                          |                                               | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA       |  | NUMBER OF APPROACHES                                                                                      |  |                                              |  |
| DISTANCE FROM REFERENCE<br>741.00                                                                                                                                                 |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                    |                                          | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                         |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                                                                          |                                               | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA       |  | NUMBER OF APPROACHES                                                                                      |  |                                              |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                        |                                          | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                         |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                                                                          |                                               | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA       |  | NUMBER OF APPROACHES                                                                                      |  |                                              |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                        |                                          | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                         |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                                                                          |                                               | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA       |  | NUMBER OF APPROACHES                                                                                      |  |                                              |  |
| WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                  |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER |                                          | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |  | CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN    |  | CONDITIONS<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN                          |                                               | SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |  |                                                                                                           |  |                                              |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN    |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL                                                         |                                          | WEATHER<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN                         |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                               |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |                                               |                                                                                                                                               |  |                                                                                                           |  |                                              |  |
| NARRATIVE<br>Unit 2 was in crossing the street in the cross walk of Trenton Oxford Rd. Unit 1 had the sun in their eyes and struck Unit 2 (the pedestrian) in the crosswalk.      |  |                                                                                                                                                   |                                          |                                                                                                                                                                             |  |                                                                                                                     |  |                                                                                                                                                                                          |                                               |                                                                                                                                               |  |                                                                                                           |  |                                              |  |
| CRASH REPORTED DATE / TIME<br>09/09/2024 19:34                                                                                                                                    |  |                                                                                                                                                   | DISPATCH DATE / TIME<br>09/09/2024 19:34 |                                                                                                                                                                             |  | ARRIVAL DATE / TIME<br>09/09/2024 19:38                                                                             |  |                                                                                                                                                                                          | SCENE CLEARED DATE / TIME<br>09/09/2024 19:58 |                                                                                                                                               |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |                                              |  |
| TOTAL TIME ROADWAY CLOSED<br>11                                                                                                                                                   |  | OTHER INVESTIGATION TIME<br>90                                                                                                                    |                                          | TOTAL MINUTES<br>114                                                                                                                                                        |  | OFFICER'S NAME*<br>Hartwig, Brooke                                                                                  |  |                                                                                                                                                                                          | CHECKED BY OFFICER'S NAME*<br>King, David     |                                                                                                                                               |  | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)        |  |                                              |  |
| OFFICER'S BADGE NUMBER*<br>57                                                                                                                                                     |  |                                                                                                                                                   |                                          | CHECKED BY OFFICER'S BADGE NUMBER*<br>30                                                                                                                                    |  |                                                                                                                     |  |                                                                                                                                                                                          |                                               |                                                                                                                                               |  |                                                                                                           |  |                                              |  |

**UNIT #** 1 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 207 EATON ST , COLLEGE CORNER, OH, 450039277  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

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

**LP STATE** **LICENSE PLATE #** **VEHICLE IDENTIFICATION #** 1J8FF28W47D294219 **VEHICLE YEAR** 2007 **VEHICLE MAKE** JEEP  
**INSURANCE VERIFIED** **INSURANCE COMPANY** **INSURANCE POLICY #** **COLOR** GRY **VEHICLE MODEL** PATRIOT  
**TYPE OF USE**  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE **US DOT #** **TOWED BY:** COMPANY NAME  
**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** 1 **VEHICLE WEIGHT GVWR/GCWR** 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS. **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY



**UNIT TYPE** 3  
 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  
**# of TRAILING UNITS** 0

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

**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**  
 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 - 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 **PRE-CRASH ACTIONS** 1  
 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  
 3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE  
 4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 19 - STANDING 20 - OTHER NON-MOTORIST  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 20 - OTHER NON-MOTORIST  
 6 - MAKING LEFT TURN 7 - MAKING U-TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
 8 - ENTERING TRAFFIC LANE 9 - OTHER / UNKNOWN

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

**CONTRIBUTING CIRCUMSTANCES** 2  
 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

**INITIAL POINT OF CONTACT**  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 13 - TOP  
 [ 11 ]

**SEQUENCE OF EVENTS**  
 1 [ 14 ] 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 [ ] 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT  
 3 [ ] 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE  
 4 [ ] 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 5 [ ] 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE  
 6 [ ] 6 - EQUIPMENT FAILURE 17 - ANIMAL - FARM 18 - ANIMAL - DEER

**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

**EVENTS**  
 1 [ 14 ] 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING  
 2 [ ] 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL  
 3 [ ] 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 4 [ ] 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN  
 5 [ ] 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 6 [ ] 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL

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

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

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

**OWNER**

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER  
**PAMIAS, CARLO, ERNESTO RICHARD**

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER  
**292 VILLAGE DR, BROADVIEW HEIGHTS, OH, 441473471**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_ VEHICLE IDENTIFICATION # \_\_\_\_\_ VEHICLE YEAR \_\_\_\_\_ VEHICLE MAKE \_\_\_\_\_

INSURANCE VERIFIED INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR \_\_\_\_\_ VEHICLE MODEL \_\_\_\_\_

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE 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 CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

**UNIT TYPE** 23

|                             |                                    |                        |                                                |                            |
|-----------------------------|------------------------------------|------------------------|------------------------------------------------|----------------------------|
| 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 - MOPEL 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                       |                            |

# OF TRAILING UNITS \_\_\_\_\_

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**

1 - YES  2 - NO  9 - OTHER / UNKNOWN

**AUTONOMOUS MODE LEVEL**

1 - DRIVER ASSISTANCE  2 - PARTIAL AUTOMATION  3 - CONDITIONAL AUTOMATION  4 - HIGH 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 EQUIP. | 20 - SAFETY SERVICE PATROL |                      |

**CARGO BODY TYPE**

|                                          |                                  |                        |                       |                      |
|------------------------------------------|----------------------------------|------------------------|-----------------------|----------------------|
| 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**

|                  |                  |                                 |                                   |                      |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 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 - MIBLOCK - 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** 4

|                            |                           |                                              |                                         |                                        |
|----------------------------|---------------------------|----------------------------------------------|-----------------------------------------|----------------------------------------|
| 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                   |
| 3 - STRIKING               | 3 - CHANGING LANES        | 11 - SLOWING OR STOPPED IN TRAFFIC           | 17 - PUSHING VEHICLE                    |                                        |
| 4 - STRUCK                 | 4 - OVERTAKING/PASSING    | 12 - DRIVERLESS                              | 18 - APPROACHING OR LEAVING VEHICLE     |                                        |
| 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN     | 13 - NEGOTIATING A CURVE                     | 19 - STANDING                           |                                        |
| 9 - OTHER / UNKNOWN        | 6 - MAKING LEFT TURN      | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 20 - OTHER NON-MOTORIST                 |                                        |
|                            | 7 - MAKING U-TURN         |                                              |                                         |                                        |
|                            | 8 - ENTERING TRAFFIC LANE |                                              |                                         |                                        |

**CONTRIBUTING CIRCUMSTANCES** 1

|                      |                               |                                            |                                      |                                |
|----------------------|-------------------------------|--------------------------------------------|--------------------------------------|--------------------------------|
| 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 - FIRE/EXPLOSION                  | 8 - RAN OFF ROAD RIGHT                               | 13 - OTHER NON-COLLISION | 20 - MOTOR VEHICLE IN TRANSPORT      |                                                                                     |
| 3 - IMMERSION                       | 9 - RAN OFF ROAD LEFT                                | 14 - PEDESTRIAN          | 21 - PARKED MOTOR VEHICLE            |                                                                                     |
| 4 - JACKKNIFE                       | 10 - CROSS MEDIAN                                    | 15 - PEDALCYCLE          | 22 - WORK ZONE MAINTENANCE EQUIPMENT |                                                                                     |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE     |                                      |                                                                                     |
| 6 - EQUIPMENT FAILURE               |                                                      | 17 - ANIMAL - FARM       |                                      |                                                                                     |
|                                     |                                                      | 18 - ANIMAL - DEER       |                                      |                                                                                     |

**COLLISION WITH FIXED OBJECT - STRUCK**

|                                        |                               |                                  |                                      |                         |
|----------------------------------------|-------------------------------|----------------------------------|--------------------------------------|-------------------------|
| 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** 1 **MOST HARMFUL EVENT** 1

LOCAL REPORT NUMBER

24-OPD-0808

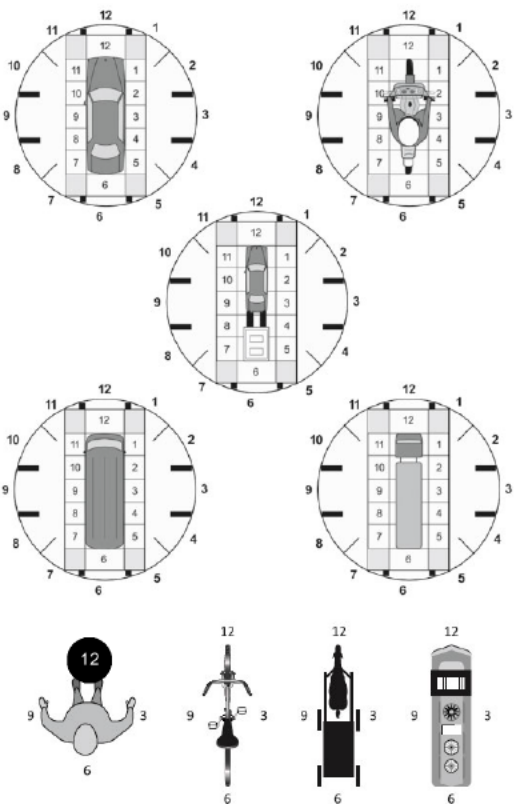
**DAMAGE**

**DAMAGE SCALE**

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

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY



NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]

TOP [ 13 ]  ALL AREAS [ 15 ]

UNIT NOT AT SCENE [ 16 ]

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE  14 - UNDERCARRIAGE  15 - VEHICLE NOT AT SCENE  99 - UNKNOWN

1-12 - REFER TO UNIT DIAGRAM  13 - TOP

**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 1 TO 2

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

**UNIT SPEED** 5

**DETECTED SPEED** 1

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

**POSTED SPEED** \_\_\_\_\_

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
24-OPD-0808

|                                                                                          |                                                            |                                   |                                                        |                                  |                                                                                                                                               |                                                                                         |                              |                                  |                      |                        |  |
|------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------|----------------------------------|----------------------|------------------------|--|
| <b>UNIT #</b><br>1                                                                       | <b>NAME: LAST, FIRST, MIDDLE</b><br>ROGERS, SHAWN, MICHAEL |                                   |                                                        |                                  | <b>DATE OF BIRTH</b><br>10/13/2004                                                                                                            |                                                                                         | <b>AGE</b><br>19             | <b>GENDER</b><br>M               |                      |                        |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>207 EATON ST , COLLEGE CORNER, OH, 450039277 |                                                            |                                   |                                                        |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED]                                                                                        |                                                                                         |                              |                                  |                      |                        |  |
| <b>INJURIES</b><br>5                                                                     | <b>INJURED TAKEN BY</b><br>[ 1 ]                           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                                  | <b>SAFETY EQUIPMENT USED</b><br>99                                                                                                            | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1        | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1    |  |
| <b>OL STATE</b>                                                                          | <b>OPERATOR LICENSE NUMBER</b>                             |                                   | <b>OFFENSE CHARGED</b><br>4511.46                      |                                  | <b>LOCAL CODE</b><br><input type="checkbox"/>                                                                                                 | <b>OFFENSE DESCRIPTION</b><br>PEDESTRIAN ON CROSSWALK HAS RI                            |                              | <b>CITATION NUMBER</b><br>390981 |                      |                        |  |
| <b>OL CLASS</b><br>4                                                                     | <b>ENDORSEMENT</b>                                         | <b>RESTRICTION SELECT UP TO 3</b> |                                                        | <b>DRIVER DISTRACTED BY</b><br>1 | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                         | <b>CONDITION</b><br>1        | <b>ALCOHOL TEST</b>              |                      | <b>DRUG TEST(S)</b>    |  |
|                                                                                          |                                                            |                                   |                                                        |                                  |                                                                                                                                               | STATUS                                                                                  |                              | TYPE                             |                      | RESULTS SELECT UP TO 4 |  |
|                                                                                          |                                                            |                                   |                                                        |                                  |                                                                                                                                               | 1                                                                                       |                              | 1                                |                      | .                      |  |

|                                                                                               |                                                                    |                                                    |                                                                                    |                                  |                                                                                                                                               |                                                                                         |                               |                        |                 |                        |  |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------|------------------------|-----------------|------------------------|--|
| <b>UNIT #</b><br>2                                                                            | <b>NAME: LAST, FIRST, MIDDLE</b><br>PAMIAS, CARLO, ERNESTO RICHARD |                                                    |                                                                                    |                                  | <b>DATE OF BIRTH</b><br>11/23/2005                                                                                                            |                                                                                         | <b>AGE</b><br>18              | <b>GENDER</b><br>M     |                 |                        |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>292 VILLAGE DR , BROADVIEW HEIGHTS, OH, 441473471 |                                                                    |                                                    |                                                                                    |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED]                                                                                        |                                                                                         |                               |                        |                 |                        |  |
| <b>INJURIES</b><br>3                                                                          | <b>INJURED TAKEN BY</b><br>[ 2 ]                                   | <b>EMS AGENCY (NAME)</b><br>Oxford Fire Department | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br>McCullough-Hyde Hospital |                                  | <b>SAFETY EQUIPMENT USED</b><br>1                                                                                                             | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>15 | <b>AIR BAG USAGE</b>   | <b>EJECTION</b> | <b>TRAPPED</b>         |  |
| <b>OL STATE</b>                                                                               | <b>OPERATOR LICENSE NUMBER</b>                                     |                                                    | <b>OFFENSE CHARGED</b>                                                             |                                  | <b>LOCAL CODE</b><br><input type="checkbox"/>                                                                                                 | <b>OFFENSE DESCRIPTION</b>                                                              |                               | <b>CITATION NUMBER</b> |                 |                        |  |
| <b>OL CLASS</b>                                                                               | <b>ENDORSEMENT</b>                                                 | <b>RESTRICTION SELECT UP TO 3</b>                  |                                                                                    | <b>DRIVER DISTRACTED BY</b><br>1 | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                         | <b>CONDITION</b><br>1         | <b>ALCOHOL TEST</b>    |                 | <b>DRUG TEST(S)</b>    |  |
|                                                                                               |                                                                    |                                                    |                                                                                    |                                  |                                                                                                                                               | STATUS                                                                                  |                               | TYPE                   |                 | RESULTS SELECT UP TO 4 |  |
|                                                                                               |                                                                    |                                                    |                                                                                    |                                  |                                                                                                                                               | 1                                                                                       |                               | 1                      |                 | .                      |  |

|                                          |                                  |                                   |                                                        |                             |                                                                                                                                               |                                                                              |                         |                        |                 |                        |  |
|------------------------------------------|----------------------------------|-----------------------------------|--------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------|------------------------|-----------------|------------------------|--|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                                   |                                                        |                             | <b>DATE OF BIRTH</b>                                                                                                                          |                                                                              | <b>AGE</b>              | <b>GENDER</b>          |                 |                        |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                                   |                                                        |                             | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                                                      |                                                                              |                         |                        |                 |                        |  |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                             | <b>SAFETY EQUIPMENT USED</b>                                                                                                                  | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b> | <b>TRAPPED</b>         |  |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>   |                                   | <b>OFFENSE CHARGED</b>                                 |                             | <b>LOCAL CODE</b><br><input type="checkbox"/>                                                                                                 | <b>OFFENSE DESCRIPTION</b>                                                   |                         | <b>CITATION NUMBER</b> |                 |                        |  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION SELECT UP TO 3</b> |                                                        | <b>DRIVER DISTRACTED BY</b> | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                              | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>    |                 | <b>DRUG TEST(S)</b>    |  |
|                                          |                                  |                                   |                                                        |                             |                                                                                                                                               | STATUS                                                                       |                         | TYPE                   |                 | RESULTS SELECT UP TO 4 |  |
|                                          |                                  |                                   |                                                        |                             |                                                                                                                                               |                                                                              |                         |                        |                 |                        |  |

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

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
24-OPD-0808

|                                          |                                          |                                  |                                                        |                         |                                                         |                                          |                      |                 |                |
|------------------------------------------|------------------------------------------|----------------------------------|--------------------------------------------------------|-------------------------|---------------------------------------------------------|------------------------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b>                          | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |                                                        |                         |                                                         | <b>DATE OF BIRTH</b>                     | <b>AGE</b>           | <b>GENDER</b>   |                |
|                                          | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |                                                        |                         |                                                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |                      |                 |                |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b>                  | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
| <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE         |                                  |                                                        |                         | <b>DATE OF BIRTH</b>                                    | <b>AGE</b>                               | <b>GENDER</b>        |                 |                |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                          |                                  |                                                        |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                                          |                      |                 |                |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b>                  | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
| <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE         |                                  |                                                        |                         | <b>DATE OF BIRTH</b>                                    | <b>AGE</b>                               | <b>GENDER</b>        |                 |                |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                          |                                  |                                                        |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                                          |                      |                 |                |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b>                  | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
| <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE         |                                  |                                                        |                         | <b>DATE OF BIRTH</b>                                    | <b>AGE</b>                               | <b>GENDER</b>        |                 |                |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                          |                                  |                                                        |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                                          |                      |                 |                |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b>                  | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

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

|                |                                                                                          |                                          |                  |                    |
|----------------|------------------------------------------------------------------------------------------|------------------------------------------|------------------|--------------------|
| <b>WITNESS</b> | <b>NAME:</b> LAST, FIRST, MIDDLE<br>HALTER, KYLEE, JADE                                  | <b>DATE OF BIRTH</b><br>05/22/2002       | <b>AGE</b><br>22 | <b>GENDER</b><br>F |
|                | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>2154 PINE VALLEY DR, HAMILTON, OH, 450137011 | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |                  |                    |
| <b>WITNESS</b> | <b>NAME:</b> LAST, FIRST, MIDDLE<br>COLLINS, DAVID, SCOTT                                | <b>DATE OF BIRTH</b><br>02/23/1960       | <b>AGE</b><br>64 | <b>GENDER</b><br>M |
|                | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>2578 JACKSON RD, HAMILTON, OH, 450110818     | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |                  |                    |
| <b>WITNESS</b> | <b>NAME:</b> LAST, FIRST, MIDDLE                                                         | <b>DATE OF BIRTH</b>                     | <b>AGE</b>       | <b>GENDER</b>      |
|                | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP                                                 | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |                  |                    |