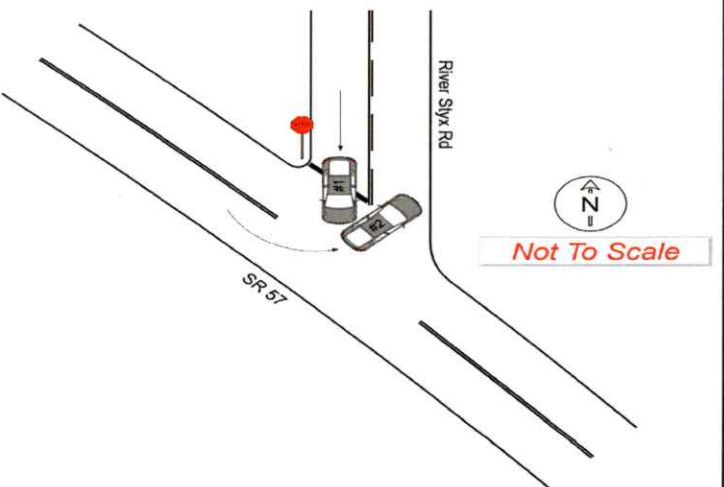


## TRAFFIC CRASH REPORT

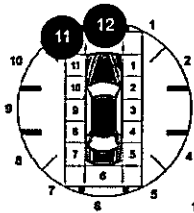
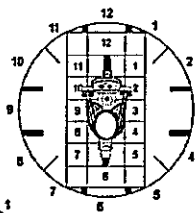
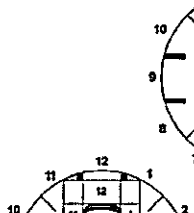
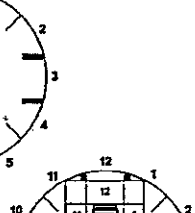
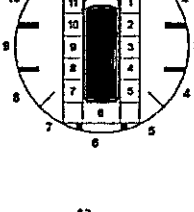
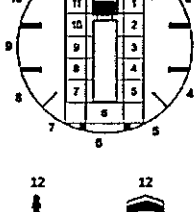
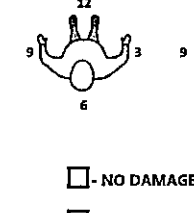
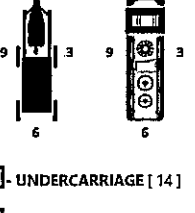
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

26-54900

|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                       |                                |                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> OH-2                                                                                                                                                                                                         | <input type="checkbox"/> OH-3  | LOCAL INFORMATION River Styx / SR 57                                                                                                                                                                                              |  | LOCAL REPORT NUMBER *<br>26-54900                                                                                                                                                                                                                                                                              |                                        |
| <input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/> OH-1P                                                                                                                                                                                                        | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME *<br>Montville Police Department                                                                                                                                                                            |  | NCIC *<br>05213                                                                                                                                                                                                                                                                                                | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED |
| COUNTY*<br>52                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | LOCALITY*<br>3 - TOWNSHIP                                                                                                                                                                                                             |                                | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Montville (Township of)                                                                                                                                                                     |  | CRASH DATE / TIME*<br>10/03/2026 19:32                                                                                                                                                                                                                                                                         |                                        |
| ROUTE TYPE<br>SR                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | ROUTE NUMBER<br>57                                                                                                                                                                                                                    |                                | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                             |  | LOCATION ROAD NAME<br>River Styx                                                                                                                                                                                                                                                                               |                                        |
| ROAD TYPE<br>RD                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)                                                                                                                                                                                         |                                | ROAD TYPE                                                                                                                                                                                                                         |  | LATITUDE DECIMAL DEGREES<br>41.070418                                                                                                                                                                                                                                                                          |                                        |
| LONGITUDE DECIMAL DEGREES<br>-81.805301                                                                                                                                                                                                                                                                                                                                                                                                                |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                                                                                          |                                | CRASH DATE / TIME*<br>10/03/2026 19:32                                                                                                                                                                                            |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN                                                                                                                                                                                                                                                                   |                                        |
| 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<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                        |
| DISTANCE FROM REFERENCE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                                                                                                                                                                                                                                          |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                        |                                | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |  | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>3                                                                                                                                |                                        |
| 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<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN                                                                                        |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - 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                                                                                                                     |                                        |
| 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                                                                                                                                                                                               |                                        |
| 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<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 |                                | 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                                                                                                                                                                  |                                        |
| NARRATIVE<br>Unit #1 was stopped southbound at the stop sign on River Styx Rd. at SR 57. Unit #2 was southbound on SR 57 and then turned to go north on River Styx Rd. Unit #1 did not realize unit #2 was going to make the turn and proceeded to go onto SR 57, entering the intersection, causing unit #1 to hit unit #2. Unit #2 was towed from the scene and no injuries claimed. The driver of unit #1 was unable to provide proof of insurance. |  |                                                                                                                                                                                                                                       |                                |                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                |                                        |
| CRASH REPORTED DATE / TIME<br>10/03/2026 19:32                                                                                                                                                                                                                                                                                                                                                                                                         |  | DISPATCH DATE / TIME<br>10/03/2026 19:34                                                                                                                                                                                              |                                | ARRIVAL DATE / TIME<br>10/03/2026 19:38                                                                                                                                                                                           |  | SCENE CLEARED DATE / TIME<br>10/03/2026 20:28                                                                                                                                                                                                                                                                  |                                        |
| TOTAL TIME ROADWAY CLOSED                                                                                                                                                                                                                                                                                                                                                                                                                              |  | OTHER INVESTIGATION TIME                                                                                                                                                                                                              |                                | TOTAL MINUTES<br>54                                                                                                                                                                                                               |  | OFFICER'S NAME*<br>Terrior, Daniel                                                                                                                                                                                                                                                                             |                                        |
| OFFICER'S BADGE NUMBER*<br>1622                                                                                                                                                                                                                                                                                                                                                                                                                        |  | CHECKED BY OFFICER'S NAME*<br>Gaede, Seth                                                                                                                                                                                             |                                | CHECKED BY OFFICER'S BADGE NUMBER*<br>1608                                                                                                                                                                                        |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                                                                                                                                      |                                        |
| SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs)                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                       |                                |                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                |                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------|
| OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | UNIT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) |                                                          | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)                                                |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SWORD, MARSHA                                      |                                                          |                                                                                                  |               |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| 1120 MATTHEW DR #4, ORRVILLE, OH, 44667-9019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                      |               |
| VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LP STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LICENSE PLATE #                                    | VEHICLE IDENTIFICATION #                                 | VEHICLE YEAR                                                                                     | VEHICLE MAKE  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CTA4225                                            | 3N1AB7APXKY434232                                        | 2019                                                                                             | NISSAN        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INSURANCE COMPANY                                  | INSURANCE POLICY #                                       | COLOR                                                                                            | VEHICLE MODEL |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          | BLK                                                                                              | SENTRA        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 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                                 | HAZARDOUS MATERIAL                                                                               |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS. | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | UNIT TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                                          |                                                                                                  |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| SPECIAL FUNCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| 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 - 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| 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                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| 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 59 - OTHER / UNKNOWN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| FIRST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| MOST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                          |                                                                                                  |               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| 26-54900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |
| DAMAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |
| DAMAGE SCALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |
| 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         |
|         |                                                                                         |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |
| INITIAL POINT OF CONTACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |
| 0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN<br>13 - TOP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |
| TRAFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |
| TRAFFICWAY FLOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TRAFFIC CONTROL                                                                         |
| 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4                                                                                       |
| # OF THROUGH LANES ON ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RAIL GRADE CROSSING                                                                     |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING       |
| UNIT / NON-MOTORIST DIRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         |
| 1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         |
| FROM 1 TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                         |
| UNIT SPEED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DETECTED SPEED                                                                          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                |
| POSTED SPEED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |
| 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |

|       |                                                                                                          |                                                                    |                                                                 |
|-------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------|
| OWNER | UNIT #<br>2                                                                                              | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)<br>GERBER, JACK | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)<br>[REDACTED] |
|       | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)<br>4105 PARADISE RD., SEVILLE, OH, 44273-9353 |                                                                    |                                                                 |
|       | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                      |                                                                    | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                     |

|                                                                                                                        |                                        |                                              |                                                                                      |                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| LP STATE<br>OH                                                                                                         | LICENSE PLATE #<br>KDK8567             | VEHICLE IDENTIFICATION #<br>KMHL4AG6MU131228 | VEHICLE YEAR<br>2021                                                                 | VEHICLE MAKE<br>HYUNDAI                                                                                                |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                 | INSURANCE COMPANY<br>ALLSTATE          | INSURANCE POLICY #<br>826145824              | COLOR<br>GRY                                                                         | VEHICLE MODEL<br>ELANTRA                                                                                               |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                        | US DOT #                                     | TOWED BY: COMPANY NAME                                                               |                                                                                                                        |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                                                                     | <input type="checkbox"/> HIT/SKIP UNIT | # OCCUPANTS<br>2                             | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS. | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # |

|           |                             |                                    |                        |                                                |                            |
|-----------|-----------------------------|------------------------------------|------------------------|------------------------------------------------|----------------------------|
| UNIT TYPE | 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 - NO AUTOMATION     | 3 - CONDITIONAL AUTOMATION | 9 - OTHER/UNKNOWN   |
| 1 - YES 2 - NO 9 - OTHER / UNKNOWN                            | 1 - DRIVER ASSISTANCE | 4 - HIGH AUTOMATION        |                     |
|                                                               | AUTONOMOUS MODE LEVEL | 2 - PARTIAL AUTOMATION     | 5 - FULL AUTOMATION |

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

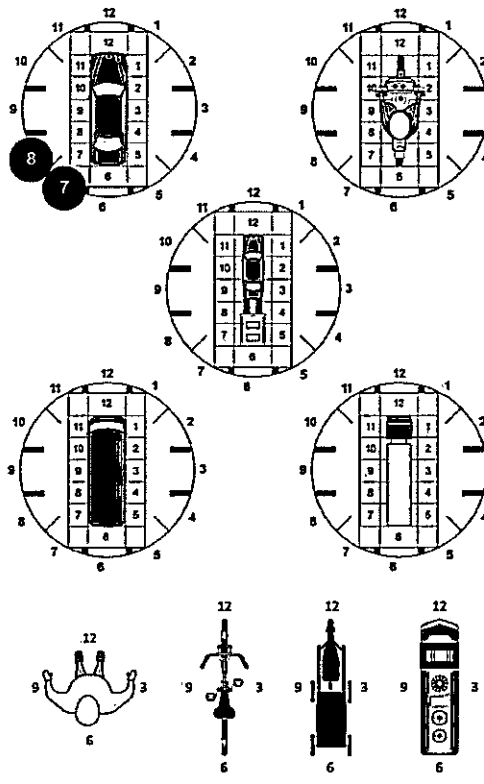
|        |                            |                        |                                              |                                         |                                        |
|--------|----------------------------|------------------------|----------------------------------------------|-----------------------------------------|----------------------------------------|
| ACTION | 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                 |                                        |

|                            |                      |                               |                                            |                                      |                                |
|----------------------------|----------------------|-------------------------------|--------------------------------------------|--------------------------------------|--------------------------------|
| CONTRIBUTING CIRCUMSTANCES | 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 - 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      | 24 - OTHER MOVABLE OBJECT                                                           |
|                    | 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       |                                      |                                                                                     |

|        |                                        |                               |                                  |                                      |                         |
|--------|----------------------------------------|-------------------------------|----------------------------------|--------------------------------------|-------------------------|
| EVENTS | 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<br>26-54900                                                      |                               |
| DAMAGE                                                                               |                               |
| DAMAGE SCALE                                                                         |                               |
| 1 - NONE 3 - FUNCTIONAL DAMAGE                                                       |                               |
| 4 - MINOR DAMAGE 4 - DISABLING DAMAGE                                                |                               |
| 9 - UNKNOWN                                                                          |                               |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                           |                               |
|  |                               |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]   |                               |
| <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15]            |                               |
| <input type="checkbox"/> UNIT NOT AT SCENE [16]                                      |                               |
| INITIAL POINT OF CONTACT                                                             |                               |
| 0 - NO DAMAGE 14 - UNDERCARRIAGE                                                     |                               |
| 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE                               |                               |
| 99 - UNKNOWN                                                                         |                               |
| 13 - TOP                                                                             |                               |
| TRAFFIC                                                                              |                               |
| TRAFFICWAY FLOW                                                                      | TRAFFIC CONTROL               |
| 1 - ONE-WAY                                                                          | 1 - ROUNDABOUT 4 - STOP SIGN  |
| 2 - TWO-WAY                                                                          | 2 - SIGNAL 5 - YIELD SIGN     |
|                                                                                      | 3 - FLASHER 6 - NO CONTROL    |
| # OF THROUGH LANES ON ROAD                                                           | RAIL GRADE CROSSING           |
| 2                                                                                    | 1 - NOT INVOLVED              |
|                                                                                      | 2 - INVOLVED-ACTIVE CROSSING  |
|                                                                                      | 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION                                                        |                               |
| 1 - NORTH 5 - NORTHEAST                                                              |                               |
| 2 - SOUTH 6 - NORTHWEST                                                              |                               |
| 3 - EAST 7 - SOUTHEAST                                                               |                               |
| 4 - WEST 8 - SOUTHWEST                                                               |                               |
| 9 - OTHER / UNKNOWN                                                                  |                               |
| UNIT SPEED                                                                           | DETECTED SPEED                |
| 5                                                                                    | 1 - STATED / ESTIMATED SPEED  |
| POSTED SPEED                                                                         | 1 2 - CALCULATED / EDR        |
| 50                                                                                   | 3 - UNDETERMINED              |

|                                              |                           |                                   |                                                 |                                                                                                               |                                                                                                              |
|----------------------------------------------|---------------------------|-----------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| UNIT #                                       | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     |                                                 | AGE                                                                                                           | GENDER                                                                                                       |
| 1                                            | SWORD, MARSHA, JEAN       | 09/29/1951                        |                                                 | 75                                                                                                            | F                                                                                                            |
| ADDRESS: STREET, CITY, STATE, ZIP            |                           | CONTACT PHONE - INCLUDE AREA CODE |                                                 |                                                                                                               |                                                                                                              |
| 1120 MATTHEW DR #4, ORRVILLE, OH, 44667-9019 |                           |                                   |                                                 |                                                                                                               |                                                                                                              |
| INJURIES                                     | INJURED TAKEN BY          | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                                                                         | <input type="checkbox"/> DOT-Compliant MC HELMET<br>SEATING POSITION<br>AIR BAG USAGE<br>EJECTION<br>TRAPPED |
| 5                                            |                           |                                   |                                                 | 4                                                                                                             | 1<br>1<br>1<br>1                                                                                             |
| OL STATE                                     | OPERATOR LICENSE NUMBER   | OFFENSE CHARGED                   | LOCAL CODE                                      | OFFENSE DESCRIPTION                                                                                           | CITATION NUMBER                                                                                              |
| OH                                           |                           | 4511.43                           |                                                 | RIGHT-OF-WAY AT THROUGH HIGHW                                                                                 | Y48926                                                                                                       |
| OL CLASS                                     | ENDORSEMENT               | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                      | CONDITION                                                                                                    |
| 4                                            |                           | 3                                 | 1                                               | <input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | 1                                                                                                            |
|                                              |                           |                                   |                                                 | ALCOHOL TEST                                                                                                  | DRUG TEST(S)                                                                                                 |
|                                              |                           |                                   |                                                 | STATUS TYPE VALUE                                                                                             | STATUS TYPE RESULTS SELECT UP TO 4                                                                           |
|                                              |                           |                                   |                                                 | 1 1                                                                                                           | 1 1                                                                                                          |

|                                           |                           |                                   |                                                 |                                                                                                               |                                                                                                              |
|-------------------------------------------|---------------------------|-----------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| UNIT #                                    | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     |                                                 | AGE                                                                                                           | GENDER                                                                                                       |
| 2                                         | GERBER, JACK, PATTERSON   | 10/27/1996                        |                                                 | 29                                                                                                            | M                                                                                                            |
| ADDRESS: STREET, CITY, STATE, ZIP         |                           | CONTACT PHONE - INCLUDE AREA CODE |                                                 |                                                                                                               |                                                                                                              |
| 4105 PARADISE RD, SEVILLE, OH, 44273-9353 |                           |                                   |                                                 |                                                                                                               |                                                                                                              |
| INJURIES                                  | INJURED TAKEN BY          | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                                                                         | <input type="checkbox"/> DOT-Compliant MC HELMET<br>SEATING POSITION<br>AIR BAG USAGE<br>EJECTION<br>TRAPPED |
| 5                                         |                           |                                   |                                                 | 4                                                                                                             | 1<br>1<br>1<br>1                                                                                             |
| OL STATE                                  | OPERATOR LICENSE NUMBER   | OFFENSE CHARGED                   | LOCAL CODE                                      | OFFENSE DESCRIPTION                                                                                           | CITATION NUMBER                                                                                              |
| OH                                        |                           |                                   |                                                 |                                                                                                               |                                                                                                              |
| OL CLASS                                  | ENDORSEMENT               | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                      | CONDITION                                                                                                    |
| 4                                         |                           | 3                                 | 1                                               | <input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | 1                                                                                                            |
|                                           |                           |                                   |                                                 | ALCOHOL TEST                                                                                                  | DRUG TEST(S)                                                                                                 |
|                                           |                           |                                   |                                                 | STATUS TYPE VALUE                                                                                             | STATUS TYPE RESULTS SELECT UP TO 4                                                                           |
|                                           |                           |                                   |                                                 | 1 1                                                                                                           | 1 1                                                                                                          |

|                                   |                           |                                   |                                                 |                                                                                                               |                                                                                                              |
|-----------------------------------|---------------------------|-----------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     |                                                 | AGE                                                                                                           | GENDER                                                                                                       |
|                                   |                           |                                   |                                                 |                                                                                                               |                                                                                                              |
| ADDRESS: STREET, CITY, STATE, ZIP |                           | CONTACT PHONE - INCLUDE AREA CODE |                                                 |                                                                                                               |                                                                                                              |
|                                   |                           |                                   |                                                 |                                                                                                               |                                                                                                              |
| INJURIES                          | INJURED TAKEN BY          | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                                                                         | <input type="checkbox"/> DOT-Compliant MC HELMET<br>SEATING POSITION<br>AIR BAG USAGE<br>EJECTION<br>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                                                                                                    |
|                                   |                           |                                   |                                                 | <input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                              |
|                                   |                           |                                   |                                                 | ALCOHOL TEST                                                                                                  | DRUG TEST(S)                                                                                                 |
|                                   |                           |                                   |                                                 | STATUS TYPE VALUE                                                                                             | STATUS TYPE RESULTS SELECT UP TO 4                                                                           |
|                                   |                           |                                   |                                                 |                                                                                                               |                                                                                                              |

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

LOCAL REPORT NUMBER  
26-54900

|          |                                                                                |                           |                   |                                                 |                  |                                                  |                  |               |          |         |
|----------|--------------------------------------------------------------------------------|---------------------------|-------------------|-------------------------------------------------|------------------|--------------------------------------------------|------------------|---------------|----------|---------|
| OCCUPANT | UNIT #                                                                         | NAME: LAST, FIRST, MIDDLE |                   |                                                 |                  | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |
|          | 2                                                                              | TRESCH, ROBYN, RAYNE      |                   |                                                 |                  | 03/13/1996                                       |                  | 30            | F        |         |
|          | ADDRESS: STREET, CITY, STATE, ZIP<br>4105 PARADISE RD, SEVILLE, OH, 44273-9353 |                           |                   |                                                 |                  | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED]  |                  |               |          |         |
|          | 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 |
|          | 5                                                                              |                           |                   |                                                 | 4                |                                                  | 3                | 1             | 1        | 1       |

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

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

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

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

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

|         |                                   |                                   |     |        |
|---------|-----------------------------------|-----------------------------------|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
|         | 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 |     |        |