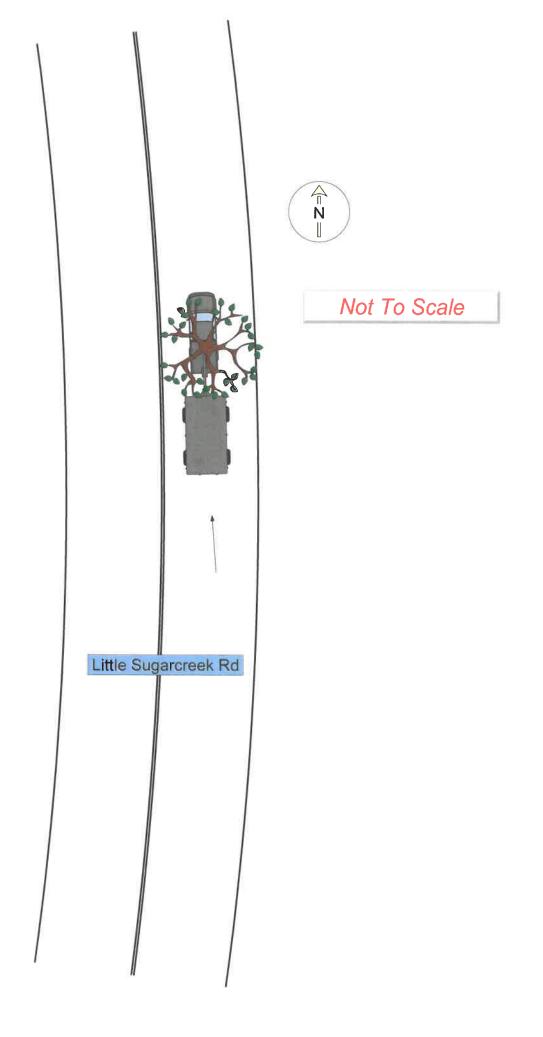
| OF PUBLIC SAPETY | TRAFFIC CE | | | S MANDATORY FII | ELD FO | R SUPPI | EMENT RE | EPORT | 23 | | | ORT NUMBER | * | | |
|--|-------------------------------------|------------------------------|---|----------------------------|----------------|--------------------------------------|---|--|---|--|---------------------------|---|----------------------------------|--|--|
| PHOTOSTAKEN OH-2 OH-3 LOCAL INFORMATION Tree fell on vehicle | | | | | | | | | | - 01 | 0,00 | 07 | .1. 1 | 1 1 1 | |
| D SECONDARY CRASH OH-1P OTHER REPORTING AGENCY NAME* PRIVATE PROPERTY Bellbrook Police Department O[2,9,0,5] | | | | | | | | | | KIP SOLVED JNSOLVED | NUMBER of | FUNITS 9 | | ERROR - ANIMAL - UNKNOWN | |
| COUNTY* LOCALITY* 2.9 12-VILLAGE POWER POWER TOWNSHIP* | | | | | | | | | CRASH DATE / TIME * CRASH SEVERITY 04012023 0917 3 1- FATAL | | | | | | |
| 3-107N3III | | | | | | | | | 2 - SERIOUS INJURY | | | | | | |
| ROUTE TYPE ROUTE NUMBER PREFIX 1- NORTH 2-SOUTH 3-EAST Little Sugarcreek Little Sugarcreek | | | | | | | | PD_ | 39 | 639 | | | MINOR II | NJURY | |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - S | | | | | | | ROAD | TYPE | | GITUDE DE | CIMAL DEGREES | s 4. | · INJURY I | P0SSIBLE | |
| 2 - SOUTH 3 - EAST - WEST | | | | | | | F | P. | -84 | 978 | 3584 | 5 - | PROPERT | TY DAMAGE | |
| REFERENCE POINT | DIRECTION FROM REFERENCE | ID INTO | ROUTE TYPE | 41 41159 | | TYPE | | | |] | NTERSECT | ION RELATED | | | |
| 3 1- INTERSECTION | 2 - SOUT | H HS FED | ERSTATE ROUTE(TP) ERAL US ROUTE | AL - ALLEY AV - AVENUE | LA - L | IGHWAY ANE | RD - ROA | | ☐ wn | THIN INTE | RSECTION O | R ON APPROA | сн 2 | | |
| 3- HOUSE # | 3 - EAST 4 - WEST | 48.11521 | | BL - BOULEVARD | | ILEPOST | ST - ST | | ☐ wt1 | HIN INTE | RCHANGE A | REA NUM | | PPROACHES | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | | BERED COUNTY ROUTE | CR - CIRCLE CT - COURT | 0V - 0 | ARKWAY | TE - TEI | | i i i | LINE V | ROA | DWAY | | | |
| | 1 - MILE 2 - FEET | ROU | BERED TOWNSHIP TE | DR - DRIVE HE - HEIGHTS | PI - P | | WA - WA | Y | ROA | DWAY DIV | IDEO | | | | |
| LOCATIO | ON OF FIRST HARM | | | MANNER OF CRASI | _ | | #DACT | | DIRECTION | | | 4150714 | | | |
| 1 - ON ROADW | VAY 9-C | ROSSOVER | - 1- | NOT COLLISION 4 | | | | | | OF IKAVEI - NORTH | | MEDIA! 1 - DIVIDED F | | DIAN | |
| 2 - ON SHOUL | | RIVEWAY/ALLE AILWAY GRADE | CDOCCING | TWO MOTOR | - BAC - ANG | | | | 2-SOUTH (< | | | | <4 FEET) VIDED FLUSH MEDIAN | | |
| 4 - ON ROADSI | IDE 12-S | HARED USE PA | THS OR | TRANSPORT | - SIDE | SWIPE, | SAME DIRECT | | | - EAST - WEST | | (≥4 FEET |) | | |
| 5 - ON GORE 6 - OUTSIDE T | 10.0 | IKE LANE | II. | | | ESWIPE, ER/UNK | OPPOSITE DIR NOWN | RECTION | | | | 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN | | | |
| 7 - ON RAMP 8 - OFF RAMP | | OLL BOOTH THER/UNKNO | wn | | | | | | | | (ANY TYPI 9 - OTHER/UN | YTYPE) Er/unknown | | | |
| _ | | | RK ZONE TYPE | LOCATIO | NOF | DACH IS | WORK ZO | NE | CONT | OUR | COND | ITIONS | SII | RFACE | |
| WORK ZONE RELA | | | CLOSURE | | BEF0 | FORE THE 1ST WORK ZONE RNING SIGN | | | 4 | | | 1. | | 2 . | |
| WORKERS PRESE | | | SHIFT/CROSSOVER CON SHOULDER | 2 | | | N NING ARE | A | 1 - STRAIGHT LEVEL 1 - DRY | | | | 1 - CONC | RETE | |
| LAW ENFORCEME | ENT PRESENT L | OR M | EDIAN RMITTENT OR MOVING W | 100 | | SITION A | | | 2 - STRAIGHT GRADE 2 - WET | | | | 2 - BLAC | ктор, | |
| ACTIVE SCHOOL 2 | ZONE | 5 - OTHE | | | | INATION | | | 3 - CURVE LEVEL 3 - SNOW | | | | ASPH | MINOUS, IALT | |
| LIGHT | CONDITION | T T | WE. | ATHER | | | | | 1 | 4 - CURVE GRADE 4 - ICE 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIR | | | 3 - BRIC | | |
| 1 - DAYLIGHT | | | 1-CLEAR | 6 - SNOW | | | | OIL, GRAVEL ST 6-WATER (STANDING, MOVING) 5-DI | | | | | 4 - SLAG STON | i, GRAVEL, IE | |
| 2 - DAWN/DUSI 3 - DARK – LIG | K GHTED ROADWAY | _ | 2 - CLOUDY 3 - FOG, SMOG, SN | 7-SEVERE IOKE 8-BLOWIN | | | IRT, SNOW | | | | | | 5 - DIRT | | |
| | ADWAY NOT LIGHTE KNOWN ROADWAY I | | 4 - RAIN 5 - SLEET, HAIL | 9 - FREEZIN 99 - OTHER | | | EZING DR | IZZLE | | 7 - SLUSH | | | 9 - OTHER/UNKNOWN | | |
| 9-OTHER/UN | | | J GEELI, MAKE | 77 - OTTLK | , Olivica | | | | | | 9 - OTHER/ | UNKNOWN | | | |
| NARRATIVE | | | | | | | | | | | | 1 | | te the north | |
| Unit #2 was traveli | ing North bound | l on Little Su | garcreek Rd near N | lcGee Park. | | | | | | | | | an "N' | ion with " on the ass diagram. | |
| | | passenger | side roof of the truc | k causing | | | | | | | | | | | |
| damage to the veh | nicle and trailer. | | | | | | | | | | | | | | |
| | | | | | | | - | | | | | | - | | |
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| | | | LPAH RAYS (SVI | | <u> </u> | | <u>i li</u> | Щ | | | | | | | |
| CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN B 04012023 0917 04012023 1019 POLICE AGENCY POLICE AGENCY | | | | | | | | | | | | | | | |
| 04,0,12,023 | 0,9,1,7, OTHER | | ř · · · · · · · · · · · · · · · · · · · | | | ا د ک | | | | | 101 | | MOTORIS | | |
| ROADWAY CLOSED IN | | TOTAL MINUTES | Burns, Mark | | | | CHECKED E | y OFFI | CER'S NAMI | Ł" | | 片 | SUPPLEI | MENT | |
| 60 | 0 | 62 | | BADGE NUMBER | * | 1 | С | HECKED I | Y OFFICER | S BADGE N | IUMBER* | - " | (CORRECTION | ON OR ADDITION REPORT SENT TO ODPS) | |
| | | | | | 5 j | 4 | | | 1 | | | | | | |



LOCAL REPORT NUMBER

L 23-000007

| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) | | | OWNER PHONE | : INCLUDE AREA CODE (SAME AS DRI | VER) | DAMAGE | | | | |
|-----------------------|---|---|--|---|--|---|---|-----------|--|--|--|
| 02 | DETMER, N | | | | | | DAMAGE SCALE | | | | |
| OWNER AI | DORESS: STREET, CITY, STATE | E, ZIP (□same as driver) ESS BLVD WAY | NESVILLE OH | 45069 0911 | | 1 NONE 3 - FUNCTIONAL DAMAGE | | | | | |
| | | | NESVILLE OF | | BUALE | L 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | | | | | |
| CUMMERI | CIAL CARRIER: NAME, ADD | RESS, CHIY, STATE, ZIP | | COMMERCIAL CA | RRIER PHONE: INCLUDE AREA COD | | | | | | |
| LP STATE | LICENSE PLATE# | T VEHICLE | IDENTIFICATION # | Venter | VEAD VENUE NAV | = | DAMAGED AREA(S) INDICATE ALL THAT APPLY | | | | |
| TIOL | SWL2878 | 1DGRS1218 | | 2.0 | EYEAR VEHICLE MAK | · | | | | | |
| INSURA | T YHOUR AND DOLL | | ISURANCE POLICY # | COL | | 11 12 1 | 11 12 | 1 | | | |
| VERIFI | 1106 | | | BLK | TRL | 10 11 1 | 2 10 12 | | | | |
| | TYPE OF USE | 1 | US DOT # | TOWED BY: COM | IPANY NAME | 10 2 | | 2 | | | |
| COMME | RCIAL GOVERNMENT | IN EMERGENCY RESPONSE | | | | 9 9 3 | 3 9 | 3 | | | |
| INTERI | OCK | #OCCUPANTS VEH | ICLE WEIGHT GVWR/GCWR | MATERIA | ARDOUS MATERIAL L CLASS # PLACARD ID | | 7 | - 7 | | | |
| DEVIC | E HIT/SKIP UNI | | 1 - ≤10K LBS. 2 - 10,001 - 26K LBS | RELEASE | D | " 8 7 5 5 | 4 B 7 W 6 | Y4 | | | |
| ENUIP | | | 3 - >26K LBS. | PLACARO | | 7 6 5 | 12 7 6 | 5 | | | |
| | 1 - PASSENGER CAR | | 12 - GOLF CART | 18 - LIMO (LIVERY VEHICL | | | 12 | | | | |
| <u></u> | 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE | | 13-SNOWMOBILE 14-SINGLE UNITTRUCK | 19 - BUS (16+ PASSENGER 20 - OTHER VEHICLE | S) 24 - WHEELCHAIR (ANY TYP 25 - OTHER NON-MOTORIST | E) 10 | 11 8 2 2 | | | | |
| UNITTYPE | 4 - PICK UP | | 15-SEMI-TRACTOR | 21 - HEAVY EQUIPMENT | 26 - BICYCLE | 9 | 9 3 3 | | | | |
| | 5 - CARGO VAN | BICYCLE | 16 - FARM EQUIPMENT | 22 - ANIMAL WITH RIDER | | \- | - 8 M - | | | | |
| \cap | 6 - VAN (9-15 SEATS) | 11 - ALL TERRAIN VEHICLE (ATV / UTV) | 17 - MOTORHOME | ANIMAL-DRAWN VEHI | CLE 99 - UNKNOWN OR HIT/SKIP | B) | 7 5 4 | | | | |
| | # of TRAILING UNITS | | | | | 12 | 7 6 5 12 | | | | |
| | WAS VEHICLE OPERATING IN AU | TONOMOUS | 0 - NO AUTOMATION | 3 - CONDITIONAL AUTOMA | TION 9. BUKNOWN | 11 12 | 6 11 12 | | | | |
| | MODE WHEN CRASH OCCURRED | | 1 - DRIVER ASSISTANCE | 4 - HIGH AUTOMATION | TION 7 - ORKNOWN | 10 | 2 10 " | 1 2 | | | |
| | 1-YES 2-NO 9-OTHER/UNK | MOTORDMOOD | 2 - PARTIAL AUTOMATION | 5 - FULL AUTOMATION | | 10 2 - | 10 | 2 | | | |
| | 1 - NONE | MODE LEVEL 6 - BUS - CHARTER/TOUR | 11 5105 | 1/ 5404 | OT BEAT GARRIER | _ L | 3 9 9 | 1 | | | |
| | 2 - TAXI 7 - BUS - INTERCITY | | 11 -FIRE 12 -MILITARY | 16 - FARM 17 - MOWING | 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | 8 7 5 | 4 8 7 | 5 /4 | | | |
| SPECIAL | 3 - ELECTRONIC RIDE SHARING | | 13 - POLICE | 18 - SNOW REMOVAL | 77 OHEN OUMORN | 7 6 | 6 | 1 | | | |
| FUNCTION | 4 - SCHOOL TRANSPORT | 9 - BUS - OTHER | 14-PUBLIC UTILITY | 19 - TOWING | | 6 | 6 | ± 5 | | | |
| | 5 - BUS - TRANSIT/COMMUTER | 10-AMBULANCE | 15-CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE PAT | ROL | | 12 12 | 12 | | | |
| | | | 5 - INTERMODAL CONTAINER | 8 - POLE | 12 - CONCRETE MIXER | 12 | ĪĪ | | | | |
| CARGO | / NOT APPLICABLE 2 - BUS | MOTOR VEHICLE | CHASSIS | 9 - CARGO TANK | 13 - AUTO TRANSPORTER | 8.8 | | | | | |
| BODY | 2 - 503 | | 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL | 10 - FLAT BED | 14 - GARBAGE/REFUSE | 9 3 | 9 3 9 1 3 9 | 0 3 | | | |
| TYPE | | | THE STATE OF THE S | 11 - DUMP | 99-OTHER/UNKNOWN | \perp | * 'E' | 00 | | | |
| | 1 - TURN SIGNALS | | 7 - WORN OR SLICK TIRES | 9 - MOTOR TROUBLE | 99-OTHER/UNKNOWN | 6 | | ō | | | |
| | 2 - HEAD LAMPS 3 - TAIL LAMPS | 5 - STEERING 6 - TIRE BLOWOUT | 8 - TRAILER EQUIPMENT DEFECTIVE | 10 - DISABLED FROM PRIO ACCIDENT | R | | 6 6 | 6 | | | |
| | 2 - INTERMIT | 0 - TINE DECWARD! | | | | D- NO DAMAG | E [0] . UNDERCARRIAGE [| 14 } | | | |
| | 1 - INTERSECTION MARKED CROSSWALK | | 6 - BICYCLE LANE | 9 - MEDIAN/CROSSING ISI | AND 12-FIRST RESPONDER AT INCIDENT SCENE | | | | | | |
| NON-MOTORIST | 2 - INTERSECTION - UNMARKED | 0.0000000000000000000000000000000000000 | 7 - SHOULDER / ROADSIDE 8 - SIDEWALK | 10 - DRIVEWAY ACCESS | OO ATHER CHIMANAN | □-TOP (13) | -ALL AREAS [15] | | | | |
| LOCATION AT IMPACT | CROSSWALK | 5 - TRAVEL LANE - OTHER LOCATION | 0 - 2INEMATE | 11 - SHARED USE PATHS O TRAILS | K 4= | □-U | NIT NOT AT SCENE [16] | | | | |
| | 1 - NON-CONTACT | 1 - STRAIGHT AHEAD | 7 - MAKING U-TURN | 13 - NEGOTIATING A CURV | 18 - APPROACHING | | | | | | |
| | 2 - NON-COLLISION | | 8 - ENTERING TRAFFIC LANE | 14 - ENTERING OR CROSSI | OD A CALIFORNIA MENTALE | | TIAL POINT OF CONTACT | | | | |
| | | | 9 - LEAVING TRAFFIC LANE | SPECIFIED LOCATION | 19-STANDING | 0 - NO DAN | IAGE 14 - UNDERCARRIAGE ER TO UNIT 15 - VEHICLE NOT AT | | | | |
| ACTION | 4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTIONS | 4 - OVERTAKING/PASSING | 10-PARKED | 15 - WALKING, RUNNING, JOGGING, PLAYING | 20 - OTHER NON-MOTORIST 21 - Standing Dutside | | GRAM 99 - UNKNOWN | SCENE | | | |
| | & STRUCK | 5 - MAKING RIGHTTURN 11 - SLOWING OR STOPPED 6 - MAKING LEFTTURN INTRAFFIC 16 | | 16 - WORKING | DISABLEDVEHICLE | 13 - TOP | 77 01111101111 | | | | |
| | 9 - OTHER / UNKNOWN | | 12-DRIVERLESS | 17 - PUSHING VEHICLE | 99 - OTHER / UNKNOWN | THE RESERVE OF THE PERSON NAMED IN | TRAFFIC | - | | | |
| | 1 - NONE | 7 - LEFT OF CENTER | 13 - IMPROPER START FROM A | 17 - VISION OBSTRUCTION | 21 - LYING IN ROADWAY | TRAFFICWAY FLOW | TRAFFIC CONTROL | | | | |
| | 2 - FAILURE TO YIELD | 8-FOLLOWINGTOO CLOSE / ACDA | PARKED POSITION | 18 - OPERATING DEFECTIV | | 1 - ONE-WAY | 1 - ROUNDABOUT 4 - STOR | PSIGN | | | |
| 1 1 1 | 3 - RAN RED LIGHT | 7 - IMPROPER LANE GRANGE | 14 - STOPPED OR PARKED ILLEGALLY | EQUIPMENT | 23 - OPENING DOOR INTO | 2 - TWO-WAY | 2 - SIGNAL 5 - YIEL | | | | |
| CONTRIBUTING | 4 - RAN STOP SIGN | | 15 - SWERVING TO AVOID | 19-LOAD SHIFTING/FALLI SPILLING | NG/ ROADWAY 99 - OTHER IMPROPER ACTI | | 3 - FLASHER 6 - NO C | ONTROL | | | |
| CIRCUMSTANCES | 5 - UNSAFE SPEED 6 - IMPROPER TURN | 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | 16 - WRONG WAY | 20 - IMPROPER CROSSING | 77 VIIIEN ING ION ENCOUR | # of THROUGH LANES | RAIL GRADE CROSSING | | | | |
| SEQUENCE | OF EVENTS | as animoral production | | | | ON ROAD | 1 - NOT INVOLVED | | | | |
| | | | EVENTS | | | 2 | 2 - INVOLVED-ACTIVE CROSS | | | | |
| 1 | 1 - OVERTURN/ROLLOVER | | 11 - CROSS CENTERLINE - | 16 - RATLWAY VEHICLE | 22 - WORK ZONE MAINTENA | ICE | 3 - INVOLVED-PASSIVE CROS | SING | | | |
| | 2 - FIRE/EXPLOSION | 7 - SEPARATION OF UNITS | OPPOSITE DIRECTION OF Travel | 17 - ANIMAL FARM 18 - ANIMAL DEER | EQUIPMENT 23 - Struck by Falling, | UNIT/ | NON-MOTORIST DIRECTION | | | | |
| 2 | 3 - IMMERSION 4 - JACKKNIFE | 9 - RAN OFF ROAD I FFT | 12 - DOWNHILL RUNAWAY | 19 - ANIMAL OTHER | SHIFTING CARGO OR | | 1 - NORTH 5 - NORTHEAS | iΤ | | | |
| | 5 - CARGO / EQUIPMENT | 10 CDOCC MEDIAN | 13-OTHER NON-COLLISION 14-PEDESTRIAN | 20 - MOTOR VEHICLE IN | ANYTHING SET IN MOTI By a motor vehicle | | 2 - SOUTH 6 - NORTHWE | | | | |
| 3 | LOSS OR SHIFT | | 15-PEDALCYCLE | TRANSPORT 21 - PARKED MOTOR VEHIC | 24 - OTHER MOVABLE OBJEC | FROM TO | | | | | |
| | | | WITH FIXED OBJECT | | | 200 | 4 - WEST 8 - SOUTHWES 9 - OTHER/UI | | | | |
| 4 | 25 - IMPACT ATTENUATOR / CRASH CUSHION | | 37 - TRAFFIC SIGN POST | 43 - CURB | 50 - WORK ZONE MAINTENA | | | | | | |
| | 26 - BRIDGE OVERHEAD | | 38-OVERHEAD SIGN POST 39-LIGHT/LUMINARIES | 44 - DITCH 45 - EMBANKMENT | EQUIPMENT 51 - Wall | UNIT SPEED | DETECTED SPEED | ı | | | |
| 5 | STRUCTURE | 34 - MEDIAN GUARDRAIL | SUPPORT | 46 - FENCE | 52 - BUILDING | 0,0,0, | 1 - STATED / ESTIMAT | TED SPEED | | | |
| | 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET | | 40 - UTILITY POLE | 47 - MAILBOX | 53 - TUNNEL | | 2 - CALCULATED / ED | R | | | |
| 6 | 29 - BRIDGE RAIL | 35 - MEDIAN CONCRETE BARRIER | 41 - OTHER POST, POLE OR SUPPORT | 48 - TREE 49 - FIRE HYDRANT | 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | POSTED SPEED | 3 - UNDETERMINED | | | | |
| | 30 - GUARDRAIL FACE | 36 - MEDIAN OTHER BARRIER | 42-CULVERT | TO TIME DIUNANT | ,, other diministra | 00 | | | | | |
| | | | | | | | I | | | | |

| OND DEPARTMENT MOTORIST / NON-MOTORIST | | | | | | | | 23-000007 | | | | | | | |
|--|--|--|-------------------------|--|--|--------------------------|---|---|---|---|---|------------------------------------|------------------------|---|--|
| 01 | MILLER, ROBERT L | | | | | | | | DATE OF BIRTH AGE GENDER 36 M | | | | | | |
| = | SS: street, city, state, zip RICHLAND RD XENIA OH 45385 9344 | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| 0 | RIES INJURED EMS AGENCY (NAME) INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT | | | | | | | | | SEATING POSITION | N Aran | 11 | 1 | I | |
| INJURIES 5 | TAKEN BY L | | | | | . WEDIONE I NOILLI | (NAME, 01)1) | USED 04 | MC HEL | PLIANT | AIK BA | 1 | EJECTION | TRAPPED | |
| OL STATE | OPERATOR LICENSE NUMBER ********* | | | | E CHAR | HARGED LOCAL OFFENSE DES | | | RIPTION | | | ATION N | JMBER | | |
| ≥ OL CLASS | SELECT UPTO 2 DIS | | | /ER RACTED | | DHOL / DRUG SUSPI | CTED RIJUANA | CONDITION | STATUS TY | HOLTEST VALUE | STATUS | | RESULT | SELECT UP TO 4 | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | 01 | THER DRUG | | <u> </u> | | DATE OF BIRTH | | | AGE | GENDER | |
| | ١,,,,, | | | | | | | | LL | | | | AGE | GENDER | |
| ADDRESS INJURIES | S: STREET, CITY, ST | ATE, ZIP | | | | | | | CONTACT P | HONE - INCLUDE AREA | CODE | 1 1 | 1 | a a | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJUREDTA | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT OF THE PROPERTY OF THE PROPE | | | | DOT-COMPLIANT SEATING POSITION | | | AIR BAG USAGE EJECTION TRAPPED | | | |
| OL STATE | OPERATOR L | ICENSE NUMBER | | OFFENS | FENSE CHARGED LOCAL OF CODE | | | OFFENSE DESC | RIPTION | ION CIT | | | TATION NUMBER | | |
| OL CLASS | SS ENDORSEMENT RESTRICTION SELECTUPTO 3 DRIV | | | | | HOL / DRUG SUSPE | | CONDITION | STATUS TYP | HOL TEST VALUE | STATUS | | RESULT | SELECT UP TO 4 | |
| | | | | | 01 | THER DRUG | | | L L | | | 1 | 1 | | |
| UNIT# | NAME: LAST, F | FIRST, MIDDLE | | | | | | | DATE OF BIRTH AGE GEN | | | | | GENDER | |
| ADDRESS | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| INJURIES | INJURED TAKEN | EMS AGENCY (NAME) | | INJURED TA | AKEN TO: | MEDICAL FACILITY | CAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED | | | SEATING POSITION | IN AIR BA | G USAGE | EJECTION | TRAPPED | |
| ADDRESS INJURIES OL STATE | OPERATOR L | ICENSE NUMBER | | OFFENS | E CHAR | ARGED LOCAL OFFENSE DES | | | RIPTION CITATION NUMBER | | | | JMBER | <u> </u> | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | | ER RACTED | ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA | | CONDITION | ALCOHOL TEST STATUS TYPE VALUE S | | STATUS | DRUG TEST(S) TATUS TYPE RESULT SELECT UP TO | | | | |
| C TNU | | | | | OT | HER DRUG | | | | | (feer and the | <u> </u> | | لــــــــــــــــــــــــــــــــــــــ | |
| 1 - FATAL | URIES | SEATING POSITION 1-FRONT-LEFT SIDE | 1 - NOT DEPI | IR BAG OYED | | OL CLASS 1-CLASS A | | OL RESTRIC | | DRIVER DISTRACTED | TION | 1 - NONE | EST STA | TUS | |
| 2 - SUSPECTED | SERIOUS INJURY | (MOTORCYCLE DRIVER) | 2 - DEPLOYE | | | 2 - CLASS B | | 2 - CDL INTRASTATE | | 2 - MANUALLY OPERATIN | | | REFUSED | | |
| | MINOR INJURY | 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE | DICHT CINE | | | | | | INSES ELECTRONIC COMMUNICA DEVICE (TEXTING, TYPING | | | | | | |
| 4 - POSSIBLE I 5 - NO APPARE | | 4 - SECOND - LEFT SIDE | 5 - NOT APPL | DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS (OHIO = D) | | | 4 - FARM WAIVER 5 - EXCEPT CLASS A | DIALING) | | | A . TEST CIVEN RESULTS KNOWN | | | | |
| 1000 | TAKEN BY | (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE | | ENT UNKNOW | E MACHODED AND | | | | A COMMUNICATION DEVICE | | | 5 - TEST GIVEN, RESULTS UNKNOWN | | | |
| 1 - NOT TRANS | PORTED | 6 - SECOND - RIGHT SIDE | | 7 - EXCEPT TRACTO | | | | | 4 - TALKING ON HAND-HELD COMMINICATION DEVICE | | | | COMOL TEST TYPE | | |
| /TREATED A | AT SCENE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 1 - NOT EJEC | | | | | 8 - INTERMEDIATE : RESTRICTIONS | | | | ALCOHOLTEST TYPE 1-NONE | | | |
| 3 - POLICE | | 8-THIRD-MIDDLE | | | | | 9 - LEARNER'S PERI | MIT | 6 - PASSENGER | | 2 - 8L00D | | | | |
| 9-OTHER/UN | KNOWN | 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION | 3-TOTALLY | EJECTED P - PASSENGER RESTRIC | | | RESTRICTIONS 10 - LIMITED TO DAY | 7 OTTER DIGITION | | | 3 - URINE 4 - BREATH | | | | |
| | QUIPMENT | OF TRUCK CAB | 4-NUTAPPL | ICADLE N-TANKER | | | 11 - LIMITED TO EMP | PLOYMENT 8 - OTHER DISTRACTION OUTSID | | | | | | | |
| | ENCLUSED CARGO AREA | | | RAPPED R-THREE-WHEEL MOTORCYCLE 12-LIMITED - OTH | | | 12 - LIMITED - OTHER | O . OTHEO / HAIVMOUN | | | DRUGTESTTYPE | | | | |
| 3 - LAP BELT 0 | | (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 2 - EXTRICAT | | | S - SCHOOL BUS | TDAII EDC | (SPECIAL BRAKE | ES, HAND | | | 1 - NONE | | | |
| | & LAP BELT USED | 12 - PASSENGER IN UNENCLOSED CARGO AREA | MECHANI 3 - FREED BY | IICAL MEANS 1 - DOUBLE & TRIPLE TRAILERS CONTY Y - TANKER / HAZMAT ADAP | | | ADAPTIVE DEVIC | CONTROLS, OR OTHER CONDITION ADAPTIVE DEVICES) 1 - APPARENTLY NORM | | | 2 - BL001 3 - URINE | | | | |
| 5 - CHILD RESTRAINT SYSTEM – FORWARD FACING | | 13 - TRAILING UNIT NON-ME | | CHANICAL MEANS GENDER | | | 14 - MILITARY VEHIC | E-111 SIVAC INI AIRMENT | | | 4 - OTHER | | | | |
| 6 - CHILD REST REAR FACIN | RAINT SYSTEM – IG | _ 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | F-FEMALE | | | 115 | AIR BRAKES | | ANGRY, DISTURBED) | LOGEU, | | | SULT(S) | |
| 7 - 800STER SI | | 15 - NON-MOTORIST | | M - MALE U - OTHER / UNKNOWN | | | | 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID | | 4- ILLNESS 5- FFLL ASLEEP FAINTER | , | | HETAMINES | | |
| 8 - HELMET US 9 - PROTECTIV | | 99 - OTHER / UNKNOWN | | | | O-OMER/ DAKNOWN | | 18-OTHER | FATIGUED, ETC. | | | | ITURATES ODIAZEPINE | S | |
| (ELBOW, KN | EES, ETC.) | | | | | | | | | 6- UNDER THE INFLUENC OF MEDICATIONS / DRU | | | ABINOIDS | | |
| 10 - REFLECTIVE | | | | | | | | | | /ALCOHOL 9- OTHER / UNKNOWN | | 5 - COCAI 6 - OPIAT | INE Tes/opioids | s | |
| / BICYCLE O | NLY | | | | | | | | | | | 7 - OTHE | | | |
| | | | | | _ | | | | | | | | | | |

| UCCUPANT / WITNESS ADDENDUM | | | | | | | | 23-000007 | | | | | | |
|-----------------------------------|---|---|-----------------------------------|-------------------------------|---|---------------------------------------|---------------------------------|--|-----------------------|---------------------|------------|-----------|--|--|
| | 01 | I | T, FIRST, MIDDLE R, THOMAS LEE | | | | | 08191952 , , , , , M , | | | | | | |
| PANT | | STREET, CITY, | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| 0000 | | | ND RD XENIA O | H 45385 93 | r | , | SAFETY EQUIPMENT | | 1 | 1 1 | I | | | |
| 2 | _5 | TAKEN | | | | | | | O 3 | AIR BAG USAGE | EJECTION | TRAPPED 1 | | |
| | UNIT# | | T, FIRST, MIDDLE | DATE OF BIRTH AGE GENI | | | | | | | | | | |
| ķ | O T | | R, JESSICA LEE | 12221 | | | 41 | F, | | | | | | |
| CCUPAN | | : STREET, CITY, RICHLAI | ND RD XENIA O | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| 0 | INJURIES 4 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED Q 4 | | | | | | | SEATING POSITION | AIR BAG USAGE | EJECTION 1 | TRAPPED 1 | | |
| ì | UNIT# | NAME: LAS | T, FIRST, MIDDLE | | | | | DATE OF BIRTH AGE G | | | | | | |
| | <u> </u> | | | | | | | | | | | | | |
| CCUPAN | ADDRESS | : STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE | - INCLUDE AREA CO | DE | | | | |
| ō | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILI | TY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| ì | UNIT# | NAME: LAS | T, FIRST, MIDDLE | | | | | DAT | E OF BIRTH | | AGE | GENDER | | |
| | | | | | | | | | | | | <u>.</u> | | |
| CCUPAN | ADDRESS | : STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| 000 | INJURIES | S INJURED EMS AGENCY (NAME) TAKEN | | | INJURED TAKEN TO: Medical Facility (NAME, CITY) SAFETY EQUIPMEN | | | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| - | | BY | RIES | SAFFT | EQUIPMENT USED | KT2 | SEATING POS | | | AIR BAG U | ACE | | | |
| | 1 - FATAL 1 - NONE USED - 1 - FRONT - LEFT SIDE | | | | | | 1 - NOT DEPLOYED | | | | | | | |
| | | | RIOUS INJURY | | OCCUPANT (MOTORCYCLE DRIVER BELT ONLY USED 2 - FRONT – MIDDLE | | | 2 - DEPLOYED FRONT | | | | | | |
| ı | | PECTED MI SIBLE INJU | NOR INJURY | | FONLY USED | T - RIGHT SIDE | | 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH | | | | | | |
| | | PPARENT | | 4 - SHOULDE | ER & LAP BELT USED | | ND – LEFT SIDE ORCYCLE PASS | | FRONT | | | | | |
| 5 - CHILD RI | | | | ESTRAINT SYSTEM – D FACING | | ND – MIDDLE ND – RIGHT SIC | Œ | 5 - NOT AP | | | | | | |
| | 1 - NOT TRANSPORTED 6 - CHILD R | | | | STRAINT SYSTEM - | 9 - DEPLOYMENT UNKNOWN CAR) FIECTION | | | | | | | | |
| | 2 - EMS | EATED AT S | CENE | 7 - BOOSTER | | 1 - NOT EJECTED | | | | | | | | |
| | 3 - P0L1 | | | 8 - HELMET | | | D – RIGHT SIDE PER SECTION O | | 2 - PARTIALLY EJECTED | | | | | |
| 9 - OTHER / UNKNOWN 9 - PROTEC | | | | | IVE PADS USED | 11 - PASS | ENGER IN OTH | ER ENCLOSED | 3 - TOTALLY EJECTED | | | | | |
| l | | GEN | IDER | | KNEES, ETC.) IVE CLOTHING | | O AREA (NON-TR | | 4 - NOT APPLICABLE | | | | | |
| 5 | F-FEMALE | | | | G – PEDESTRIAN | | ENGER IN UNE | NCLOSED | TRAPPED | | | | | |
| | | R / UNKNO | WN | / BICYCLE 99 - OTHER/ | | 13 - TRAII | LING UNIT | | 1 - NOTTR | APPED ATED BY MI | ECHANIC | AL | | |
| 77- OTHER) | | | | | | | IG ON VEHICLE TRAILING UNIT) | EXTERIOR | MEANS | | | | | |
| | | | | | | | MOTORIST R/UNKNOWN | | 3 - FREED MEANS | BY NON-ME | CHANICA | \L | | |
| ESS | NAME; LAS | ST, FIRST, MIDD | re | | | | | DAT | E OF BIRTH | | AGE | GENDER | | |
| | ADDRESS: | : STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE | - INCLUDE AREA COI |)E | | | | |
| 3 | | , , | • | | | | | | 1 1 | | | 1 1 | | |
| NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH AGE GENDER | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | CONTACT PHONE | - 1001 (125 - 2-1) | | اللل | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | CONTACT PHONE | - INCLUDE AREA COL | ж | | 1 1 | | |
| ESS | NAME: LAS | ST, FIRST, MIDD | LE | | | | | DATE OF BIRTH AGE GENDER | | | | | | |
| WITNE | ADDRESS: | STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | | | | | | | | | 1 1 | | | | | |