| OHODE ARTINENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT |   |                                       |  |                        |   |  |   | LOCAL REPORT NUMBER* |   |  |  |  |
|--|---|---------------------------------------|--|------------------------|---|--|---|----------------------|---|--|--|--|
| PHOTOS TAKEN 0H-2  | ☐ 0H-3  | LOCAL INFORMATI                       |  |                        |   |  | $\lfloor 2 + 0 + 2 + 3 + - + 0 + 0 + 0 + 0 + 4 + 0 + 3 + 3 + - \rfloor$   |                      |   |  |  |  |
| SECONDARY CRASH  |   | City of Ke                            |  |                        | 0   | NCIC*                                  | HIT/SKIP<br>1 - SOLVED  | NUMBER OF UNITS      | UNIT IN ERROR  98 - ANIMAL                                |  |  |  |
| COUNTY* LOCALITY*  | TE PROPERTY                                   | y, VILLAGE, TOWNSHIP                  |  |                        | լՄ  | 6,7,0,3                                | 2   2 - UNSOLVED  | 0 3                  | CRASH SEVERITY  |  |  |  |
| 6 7   1 2-VILLAGE  | Kent  | iy timendayi ottiloiii                |  |                        |   |  | 0 3 1 4 2 0 2 3   |                      | 1 - FATAL   |  |  |  |
| ROUTE TYPE ROUTE NUMBER PREF   | TX N - NORTH                                  | LOCATION ROAD N                       | IAME   |                        |   | ROAD TYPE                              | LATITUDE DEC  |                      | □ 2 - SERIOUS INJURY<br>SUSPECTED                         |  |  |  |
| ROUTE TYPE ROUTE NUMBER PREF   | S - SOUTH  <br>E - EAST  <br>W - WEST         | WATER                                 |  |                        |   | $ \mathbf{S} \cdot \mathbf{T} $        | 41,14,0   | 0,8,9,               | 3 - MINOR INJURY<br>SUSPECTED                             |  |  |  |
| ROUTE TYPE ROUTE NUMBER PREF   | TX N - NORTH<br>S - SOUTH                     | REFERENCE ROAD                        | NAME (ROAD, N  | MILEPOST, HO           | JUSE #)   | ROAD TYPE                              | LONGITUDE DE  | CIMAL DEGREES        | 4 - INJURY POSSIBLE                                       |  |  |  |
|  | E ~ EAST<br>W ~ WEST                          | RELLIM                                |  |                        |   | $\mathbf{D}_{\perp}\mathbf{R}_{\perp}$ | -811-5- PROPERTY DA   |                      |   |  |  |  |
| REFERENCE POINT DIRECTI<br>1 - INTERSECTION FROM REFERS                            | ENCE ID                                       | <b>ROUTE TYPE</b><br>Interstate rou   | 1 .  | ALLEY                  | ROAD TYPE<br>HW-HIGHWAY   | RD - ROAD                              | 1   | INTERSECTION RELATED |   |  |  |  |
| 1 2-MILE POST 2 S-   | OAUTH   | - FEDERAL US ROU                      | TE. AV -   | AVENUE                 | LA - LANE   | SQ - SQUARE                            | X WITHIN INTE   | RSECTION OR ON AP    | PROACH 3  |  |  |  |
| 3-11000E # W   | -WEST SR-                                     | - STATE ROUTE                         | CR -   |                        | MP - MILEPOST<br>OV - OVAL  | ST - STREET<br>TE - TERRACE            | WITHIN INTE   | RCHANGE AREA         | NUMBER OF APPROACHES                                      |  |  |  |
| DISTANCE DISTANT FROM REFERENCE UNIT OF ME   | EASURE  | - NUMBERED COUN<br>- NUMBERED TOWN    | CT -   |                        | PK - PARKWAY<br>PI - PIKE   | TL - TRAIL<br>WA - WAY                 | Barrier Communication   | ROADWAY              |   |  |  |  |
| 2 0 2 2-   | - FEET<br>- YARDS                             | ROUTE                                 | L DIK  | - DRIVE<br>- HEIGHTS   | PL - PLACE  | WA-WAT                                 | ROADWAY DIV   | IDED                 |   |  |  |  |
| LOCATION OF FIRST H  |   |                                       |  |                        | I COLLISION/IMP   | ACT                                    | DIRECTION OF TRAVE  | L N                  | IEDIAN TYPE   |  |  |  |
| 1 - ON ROADWAY  1 - ON SHOULDER  | 9-CROSSOVER<br>10-DRIVEWAY                    | YALLEY ACCESS                         | BETV   | A P (** ** * * )       | - REAR-TO-REAR<br>- BACKING   |  | N - NORTH<br>S - SOUTH  |                      | - DIVIDED FLUSH MEDIAN<br>(<4 FEET)                       |  |  |  |
| 2-0N SHOULDER 3-IN MEDIAN 4-ON ROADSIDE  | 11-RAILWAY G                                  | GRADE CROSSING                        | VEHI   | CLES IN 6              | - ANGLE<br>' - SIDESWIPE, SA  | ME DIRECTION                           | E - EAST  |                      | DED FLUSH MEDIAN<br>FEET )                                |  |  |  |
| 5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY   | TRAILS<br>13-BIKE LANE                        |                                       | 2 - REAF<br>3 - HEAL   | R-END 8                | B - SIDESWIPE, OP<br>D - OTHER / UNKN   | POSITE DIRECTION                       | W-WEST  |                      | DED, DEPRESSED MEDIAN DED, RAISED MEDIAN                  |  |  |  |
| 7-ON RAMP  | 14-TOLL BOOT                                  | гн                                    | 3- ncai  | <b>5-010</b> 9         | - OTHER / UNKN  | JVVIN                                  |   | (AN                  | YTYPE)<br>ER/UNKNOWN                                      |  |  |  |
| 8-OFF RAMP   | 99-OTHER/UN                                   |                                       |  | LOCATIO                | N OF OD AGU THE   | IODIC TONE                             | CONTOUR   | CONDITIONS           |   |  |  |  |
| WORK ZONE RELATED  | 1 -   | WORK ZONE TYP<br>- LANE CLOSURE       | · .  |                        | N OF CRASH IN V<br>BEFORE THE 1S  |  | 2   | 3                    | 2   |  |  |  |
| WORKERS PRESENT  | 3 -   | - LANE SHIFT/CROS<br>- WORK ON SHOULD |  | 2.                     | WARNING SIGN<br>ADVANCE WARN  | ING AREA                               | 1 - STRAIGHT LEVEL  | 1 - DRY              | 1 - CONCRETE  |  |  |  |
| LAW ENFORCEMENT PRESENT  | т   | OR MEDIAN<br>- INTERMITTENT OF        |  | 1                      | -TRANSITION AR<br>- ACTIVITY AREA   | EA                                     | 2 - STRAIGHT GRADE  | 1                    | 2 - BLACKTOP,<br>BITUMINOUS,                              |  |  |  |
| ACTIVE SCHOOL ZONE   |   | - OTHER                               | tinoting ironic  | 1                      | -TERMINATION A  | REA                                    | 3 - CURVE LEVEL<br>4 - CURVE GRADE  | 3-SNOW<br>4-ICE      | ASPHALT   |  |  |  |
| LIGHT CONDITION  |   |                                       | WEATH  | ER                     |   |  | 3 - BRICK/BLOCK<br>RT, 4 - SLAG, GRAVEL,  |                      |   |  |  |  |
| 1 - DAYLIGHT  1 - DAWN/DUSK  |   | 0 <sub>1</sub> 6 <sub>1</sub> 2-CLC   |  | 6 - SNOW<br>7 - SEVERE | CROSSWINDS 0IL, GRAVEL 6 - WATER (STANDING  |  |   |                      | STONE<br>DING, 5 - DIRT                                   |  |  |  |
| 3 - DARK - LIGHTED ROADV<br>4 - DARK - ROADWAY NOT L                               |   | 3-F00                                 |  |                        | G SAND, SOIL, DII<br>NG RAIN OR FREE  |  |   | MOVING)<br>7-SLUSH   | 9 - OTHER/UNKNOWN   |  |  |  |
| 5 - DARK – UNKNOWN ROAD  |   | 1                                     | EET, HAIL  |                        | / UNKNOWN   | EMG DIMABLE                            |   | 9 - OTHER/UNKNO      | wn  |  |  |  |
| 9 - OTHER / UNKNOWN NARRATIVE  |   |                                       |  |                        | <del>T </del>   |  |   |                      |   |  |  |  |
|  |   | A TOTAL OF THE                        | POT IN A I   |                        | _   |  |   | ×                    | Indicate the north direction with an "N" on the           |  |  |  |
| UNIT 2 WAS STOPPI  |   |                                       |  |                        | -   |  |   |                      | compass diagram.  |  |  |  |
| LEFT INTO A DRIV   |   |                                       |  |                        | - 1   | 1 11                                   | Not to  | SOALE (N             |   |  |  |  |
| NORTHBOUND ON  |   |                                       |  | OF                     | 1   |  | License and the second |                      |   |  |  |  |
| RELLIM DR IN TH  |   |                                       |  |                        | R ST.   |  | REL   | LIM DR.              |   |  |  |  |
| WAS TRAVELING N  | NORTHB  | OUND ON                               | S WATER  | RST                    | S. WATER ST.  | 1 11                                   |   |                      |   |  |  |  |
| IN THE CURB LAN  | E. UNIT                                       | 1 MADE A                              | N  |                        |   |  | <br>  |                      |   |  |  |  |
| UNSAFE LANE CH   | ANGE ST                                       | TRIKING U                             | INIT 3 IN  |                        |   |  | ¦   |                      |   |  |  |  |
| THE PROCESS BEI  | FORE OV                                       | ER CORR                               | ECTING   | AND                    |   |  |   |                      |   |  |  |  |
| STRIKING UNIT 2.   | UNIT 1  | THEN FLE                              | D THE  |                        |   |  |   |                      |   |  |  |  |
| SCENE.   |   |                                       |  |                        |   |  |   |                      |   |  |  |  |
|  |   | <del></del>                           | ·  |                        | -   | 1                                      | 1   |                      |   |  |  |  |
| CRASH REPORTED DATE /TIM   | E   | DISPATCH DATE /                       | TIME   | A                      | RRIVAL DATE/TI  | ME                                     | SCENE CLEARE  | D DATE / TIME        | REPORT TAKEN BY   |  |  |  |
| 0.3.1.4.2.0.2.3./.1.1  | <b>.4</b> , <b>0</b> , <b>0</b> , <b>3</b> ,1 | 1,4,2,0,2,3,                          | / <sub>1</sub> 1 <sub>1</sub> 1 <sub>1</sub> 4 <sub>1</sub> 2 <sub>1</sub> | 0,3,1,4                | <b>2</b> <sub>1</sub> <b>0</b> <sub>1</sub> <b>2</b> <sub>1</sub> <b>3</b> <sub>1</sub> / | 1,1,5,0                                | $0_{1}3_{1}1_{1}4_{1}2_{1}0_{1}2$   | 3,/,1,2,1,2          | POLICE AGENCY   |  |  |  |
| TOTAL TIME OTHER ROADWAY CLOSED INVESTIGATION                                      |   |                                       | s name*<br>way, Jose   | mh                     |   |  | ficer's name*   |                      | MOTORIST  |  |  |  |
|  | 111214  | даца                                  | OFFICER'S BA   |                        | R*  |  | , George  by Officer's BADGE  | NUMBER*              | (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODE |  |  |  |
| 0 0 0 0 3  | 0 0 0 0                                       | 6 0 2                                 | 1   6  |                        |   | 2 _ 4                                  | 4   3   | 1                    |   |  |  |  |

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| HAITT "   | OWNED MANE   | AUDDI F (FF)  |  | 011111  | D DUONE  |   | 2020  | D A Did A  | <u> </u>  |  |  |  |
|---|--|---|--|---|--|---|---|--|---|--|--|--|
| UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS BRIVER)  OWNER ADDRESS: STREET, CITY, STATE, ZIP ( SAME AS BRIVER) |  |   |  |   | K PHONE: INCL  | UDE AREA CODE ( SAME AS DRIVER)   | DAMAGE  DAMAGE SCALE  1 - NONE  3 - FUNCTIONAL DAMAGE |  |   |  |  |  |
| UWNERAD   | DRESS: STREET, CITY, STATE,  | ZIP ( SAME AS DRIVER)   |  |   |  |   | 9 2- MINOR DA   |  | SABLING DAMAGE  |  |  |  |
| COMMERC   | IAL CARRIER: NAME, ADDRE   | ESS, CITY, STATE, ZIP   |  | Con   | MERCIAL CARRIER  | PHONE; INCLUDE AREA CODE  | 9 - UNKNOWN  DAMAGED AREA(S)                          |  |   |  |  |  |
| LP STATE  | LICENSE PLATE #  | VEHICLE   | IDENTIFICATION #   | <b> </b>  | VEHICLE YE   |   | INDICATE ALL THAT APPLY                               |  |   |  |  |  |
| INSURAN<br>VERIFIE  |  | ANY IN  | NSURANCE POLICY#   |   | COLOR<br>BLK   | □ Dodge VEHICLE MODEL CHARGER   | 11 12 1   | 1  | 11 12 1   |  |  |  |
| Помис   | TYPE OF USE  | IN EMERGENCY  | US DOT #   | TOWE  | ED BY: COMPAN  |   | 10 2  | 3 0  |   |  |  |  |
| INTERL DEVICE EQUIPP  | <u> </u>   | #UGGUPANIS  | HICLE WEIGHT GVWR/GCWR<br>1 - <10K lbs.<br>2 - 10,001 - 26K lbs.   | l   |  | DUS MATERIAL<br>CLASS # PLACARD ID #  | 8 7 6 4   |  | 8 7 6 6   |  |  |  |
| _ <b>0</b> _1_<br>UNIT TYPE   | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN                          | 7 - MOTORCYCLE 2-WHEELED  | 13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR   | 18 - LIMO (LI<br>19 - BUS (16-<br>20 - OTHER V<br>21 - HEAVY E<br>22 - ANIMAL   | (VERY VEHICLE)<br>+ PASSENGERS)<br>/EHICLE                           | 23-PEDESTRIAN / SKATER 24-WHEELCHAIR (ANYTYPE) 25-OTHER NON-MOTORIST 26-BICYCLE 27-TRAIN 99-UNIKNOWN OR HIT/SKIP                      | 10 9  | 12<br>11<br>12<br>11<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10 | 3 3 4   |  |  |  |
|   | WAS VEHICLE OPERATING IN AUT MODE WHEN CRASH OCCURRED: 1-YES 2-NO 9-OTHER/UNKN   | O LOWN AUTONOMOUS MODE LEVEL  | 1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION  | 4 - HIGH AU<br>5 - FULL AU  |  |   | 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1               | 3 6  | 10 11 12 1 2 2 3 3  |  |  |  |
| 01<br>SPECIAL<br>FUNCTION   | 2 - TAXI<br>3 - ELECTRONIC RIDE SHARING  | 9 - BUS - OTHER   | 12 - MILITARY<br>13 - POLÍCE   | 16-FARM<br>17-MOWING<br>18-SNOW REMOVAL<br>19-TOWING<br>20-SAFETY SERVICE PATROL  |  | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN   | 7 6 6   | 12   | 8 7 6 5 4 12 12   |  |  |  |
| $\begin{bmatrix} \mathbf{U}_1 \mathbf{I}_1 \end{bmatrix}$   | / NOT APPLICABLE   | 3 - VEHICLE TOWING ANOTHER<br>MOTOR VEHICLE<br>4 - LOGGING  | CHASSIS  | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP  |  | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN   | 9 3 9   | 3 9  | 3 9 3   |  |  |  |
|   | 2 - HEAD LAMPS   | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT  | 7 - WORN OR SLICKTIRES<br>8 - TRAILER EQUIPMENT<br>DEFECTIVE   | 9 - MOTOR TROUBLE<br>10-disabled from Prior<br>Accident   |  | 99-OTHER/UNKNOWN  | 6 B NO DAMAGE   | 6  | 6 6   |  |  |  |
| NON-MOTORIST<br>LOCATION<br>AT IMPACT   | CROSSWALK  2 - INTERSECTION – UNMARKED   | 3 - INTERSECTION OTHER<br>4 - MIDBLOCK MARKED<br>CROSSWALK<br>5 - TRAVEL LANE OTHER LOCATION  | 6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK  | 10-DRIVEV   | I/CROSSING ISLAND<br>Nay access<br>D USE Paths or                    | 12-FIRST RESPONDER<br>AT INCIDENT SCENE<br>99-OTHER/UNKNOWN   | ☐ - NO DAMAGE ☐ - TOP [13] ☑ - UN                     | _  | DERCARRIAGE [14]<br>Lareas [15]<br>Ne [16]  |  |  |  |
| 3 ACTION  | 2-MON-COLLISION 0, 1   | 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 INTRAFFIC 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 YEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN | 0 - NO DAM  | NTACT<br>UNDERCARRIAGE<br>VEHICLE NOT AT SCENE<br>UNKNOWN                                    |   |  |  |  |
| 0 9   | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 5 - UNSAFE SPEED                                       | 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACC 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROYE OFF ROAD                       | DADVED DOCUMAN   | 18-OPERA<br>EQUIPA<br>19-LOAD S<br>SPILLI   | SHIFTING/FALLING/  | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION                                  | TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY               | 6 2-S  | AFFIC CONTROL OUNDABOUT 4-STOP SIGN IGNAL 5-YIELD SIGN LASHER 6-NO CONTROL            |  |  |  |
| SEQUENC   | E OF EVENTS  | 12-IMPROPER BACKING   | NON-COLLISION  |   |  | AA 1100/2007  | # OF THROUGH LANES ON ROAD                            | 1 . 1  | GRADE CROSSING<br>IOT INVOLVED<br>NVOLVED-ACTIVE CROSSING<br>NVOLVED-PASSIVE CROSSING |  |  |  |
| $\begin{bmatrix} 2 & 0 \end{bmatrix}$   | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT  25 - IMPACT ATTENUATOR       | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN  COLLISIO 31 - GUARDRAIL END | 11-CROSS CENTERLINE — OPPOSITE DIRECTION OF TRAVEL  12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION 14-PEDESTRIAN 15-PEDALCYCLE DIN WITH FIXED OBJEC 37-TRAFFIC SIGN POST | 17 - ANIMA<br>18 - ANIMA<br>19 - ANIMA<br>20 - MOTOF<br>TRANS<br>21 - PARKE   | AL — DEER<br>AL — OTHER<br>R Vehicle in<br>Sport<br>Ed motor Vehicle | 50 - WORK ZONE MAINTENANC   | UNIT / N  | 1 - 1<br>2 - 3   | DIRECTION<br>JORTH 5 - NORTHEAST<br>SOUTH 6 - NORTHWEST                               |  |  |  |
| 5   | / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 1 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER      | 38-OVERHEAD SIGN POST 39-LIGHT/LUMINARIES SUPPORT 40-UTILITY POLE 41-OTHER POST, POLE OR SUPPORT 42-CULVERT  | 44 - DITCH<br>45 - EMBAI<br>46 - FENCE<br>47 - MAILE<br>48 - TREE<br>49 - FIRE I  | NKMENT<br>E<br>BOX   | EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN  | POSTED SPEED  2 5                                     |  | DETECTED SPEED  1 - STATED / ESTIMATED SPEED  2 - CALCULATED / EDR  3 - UNDETERMINED  |  |  |  |
| L   | FIRST HARMFUL EVE  | NI L MOST   | HARMFUL EVENT  |   |  |   | 1   |  |   |  |  |  |

LOCAL REPORT NUMBER

 $\begin{bmatrix} 2 & 0 & 2 & 3 & -1 & 0 & 0 & 0 & 0 & 4 & 0 & 3 & 3 & 3 \end{bmatrix}$ 

|   | A1111HD 1111H   |  | <del> </del>  | AMMER BUSIN   | 7   | 2 0 2 0                                   |  |  |  |  |  |
|---|---|--|---|---|---|---|--|--|--|--|--|
| $\lfloor 0 \rfloor 2 \rfloor$                   | OWNER NAME: LAST, FIRST<br>GERREN, JAI<br>DRESS: STREET, CITY, STATE, | MES, R   | ***   | L   | E AREA CODE (□ SAME AS DRIVER)<br>C 149.43 (A)(1)(mm) | 1. NONE 3. FUNCTIONAL DAMAGE              |  |  |  |  |  |
|   | OWER RD ,F  |  | I 44272   |   |   | 2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE   |  |  |  |  |  |
| COMMERCI  | IAL CARRIER: NAME, ADDRE  | ESS, CITY, STATE, ZIP                                |   | COMMERCIAL CARRIER P                                | HONE; INCLUDE AREA CODE                               | 9 - UNKNOWN                               |  |  |  |  |  |
| LP STATE  | LICENSE PLATE #   | VEHICLE  | IDENTIFICATION #                                      | VEHICLE YEA   | R VEHICLE MAKE  | DAMAGED AREA(S) INDICATE ALL THAT APPLY   |  |  |  |  |  |
| $[\mathbf{O}_{L}\mathbf{H}_{L}]$                | HKL9090   | 1 G1ZE5S   | $T_13_1HF_12_18_17_12_1$                              | 2 3 5  2 0 1 7                                      | <b>Chevrolet</b>                                      | 11 12 1                                   | 11 12 1  |  |  |  |  |
| INSURAN<br>VERIFIE                              | INSURANCE COMPA   |  | SURANCE POLICY #<br>34J366109                         | SIL   | MALIBU  | 10 12 1                                   | 10 12 1  |  |  |  |  |
|   | TYPE OF USE   | IN EMERGENCY   | US DOT #  | TOWED BY: COMPANY                                   |   | 10 2                                      | 10. 2  |  |  |  |  |
| COMMER  |   | IN EMERGENCY RESPONSE VEH                            | ICLE WEIGHT GVWR/GCWR                                 |   | IS MATERIAL   |   | 8 3 4  |  |  |  |  |
| INTERL DEVICE EQUIPP                            | OCK HIT/SKIP UNIT   | #UCCUPANTS   | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>            | ☐ DELEASED  | LASS# PLAÇARDID#                                      | 8 7 6 5                                   | 12 1 1 5 6 5                                       |  |  |  |  |
|   |   |  |   |   | 23 - PEDESTRIAN / SKATER                              | 10  | 12   |  |  |  |  |
| $\lfloor \mathbf{U}_{\perp} \mathbf{I}_{\perp}$ | 3 - SPORT LITH ITY VEHICLE  |  |   |   | 24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST | <b>%</b> \                                | 11 2 1   |  |  |  |  |
| UNIT TYPE                                       | 4 - PICK UP<br>5 - CARGO VAN  | D101/01 F  | 15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT              |   | 26 - BICYCLE<br>27 - TRAIN                            | 9   | 9 3 3  |  |  |  |  |
|   |   | 11 11 1 7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1              | 17 - MOTORHOME  | ADDITION AND DESIGNATED BY                          | 99 - UNKNOWN OR HIT/SKIP                              | 8   | 7 6 5  |  |  |  |  |
|   | # of TRAILING UNITS   | VALED LET  |   |   |   | 11 12 7                                   | 6 5 11 12 1  |  |  |  |  |
|   | WAS VEHICLE OPERATING IN AU' MODE WHEN CRASH OCCURRED'                | _  | 0 - NO AUTOMATION                                     | 3 - CONDITIONAL AUTOMATION                          | 9 - UNKNOWN   | 10 12 2                                   | 10 12 1 2  |  |  |  |  |
|   | 1-YES 2-NO 9-OTHER/UNK  | NOWN AUTONOMOUS                                      | 1 - DRIVER ASSISTANCE<br>2 - Partial automation       | 4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION          |   | 10 2                                      | 10 2   |  |  |  |  |
|   |   | MODE LEVEL   | 11-FIRE   | 16-FARM   | 21 - MAIL CARRIER                                     | 9 3 3 4                                   | 9 8 3 4  |  |  |  |  |
| $10.1_{\pm}$                                    | 2 - TAXI  | 7 - BUS - INTERCITY                                  | 12 - MILITARY   | 17 - MOWING   | 99-OTHER/UNKNOWN                                      | 8 7 5 4                                   | 8 7 6 4  |  |  |  |  |
| SPECIAL   | 3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT                   | 8 - BUS - SHUTTLE<br>9 - BUS - OTHER                 | 13-POLICE<br>14-PUBLIC UTILITY                        | 18-SNOW REMOVAL<br>19-TOWING                        |   | 7 6 5                                     | 7 6 5  |  |  |  |  |
|   | 5 - BUS - TRANSIT/COMMUTER  |  | 15 - CONSTRUCTION EQUIPMENT                           |   |   |   | 12 12 12   |  |  |  |  |
| , <b>0</b> , <b>1</b> ,                         | 1 - NO CARGO BODYTYPE<br>/ NOT APPLICABLE                             | 3 - VEHICLE TOWING ANOTHER<br>MOTOR VEHICLE          | 5 - INTERMODAL CONTAINER<br>CHASSIS                   | 8 - POLE  | 12 - CONCRETE MIXER                                   | 12  |  |  |  |  |  |
|   | 2 - BUS   | 4 - LOGGING  | 6 - CARGO VAN/ENCLOSED BOX                            | 9 - CARGOTANK<br>10-FLAT BED                        | 13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE          | a AA R                                    |  |  |  |  |  |
| TYPE  |   |  | 7 - GRAIN/CHIPS/GRAVEL                                | 11 - DUMP   | 99-OTHER/UNKNOWN                                      | 9 ( ) 3 9 (                               | 3 9 3 9 3 3  |  |  |  |  |
| <u></u>   | 1 - TURN SIGNALS  | 4 - BRAKES   | 7 - WORN OR SLICKTIRES                                | 9 - MOTOR TROUBLE                                   | 99-OTHER/UNKNOWN                                      | 6   |  |  |  |  |  |
| VEHICLE<br>DEFECTS                              | 2 - HEAD LAMPS<br>3 - TAIL LAMPS                                      | 5 - STEERING<br>6 - TIRE BLOWOUT                     | 8 - TRAILER EQUIPMENT<br>DEFECTIVE                    | 10-DISABLED FROM PRIOR<br>Accident                  |   | _   | 6 6 6  |  |  |  |  |
|   |   | 3 - INTERSECTION - OTHER                             | 6 - BICYCLE LANE                                      | 9 - MEDIAN/CROSSING ISLAND                          | 12-FIRST RESPONDER                                    | ☐ - NO DAMAGE [ (                         | UNDERCARRIAGE [14]                                 |  |  |  |  |
| NON-MOTORIST                                    | CROSSWALK 7 2-INTERSECTION - UNMARKED                                 | 4 - MIDBLOCK - MARKED                                | 7 - SHOULDER / ROADSIDE                               | 10 - DRIVEWAY ACCESS                                | AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN             | <b>□-TOP</b> [13]                         | - ALL AREAS [15]                                   |  |  |  |  |
| LOCATION<br>AT IMPACT                           | CROSSWALK   | 5 - TRAVEL LANE OTHER LOCATION                       | 8 - SIDEWALK  | 11 - SHARED USE PATHS OR<br>Trails                  | Villant villationii                                   | ☐ - UNIT                                  | NOT AT SCENE [16]                                  |  |  |  |  |
|   | 1 - NON-CONTACT   | 1 - STRAIGHT AHEAD                                   | 7 - MAKING U-TURN                                     | 13 - NEGOTIATING A CURVE                            | 18 - APPROACHING<br>OR LEAVING VEHICLE                | INITIAL                                   | POINT OF CONTACT                                   |  |  |  |  |
| _4_   | 2-NON-COLLISION 3-STRIKING 1 1  | 2 - BACKING<br>3 - Changing Lanes                    | 8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE | 14 - ENTERING OR CROSSING<br>SPECIFIED LOCATION     | 19-STANDING   | 0 - NO DAMAG                              |  |  |  |  |  |
| ACTION  | 4- STRUCK PRE-CRASH 5- BOTH STRIKING ACTIONS                          | 4 - OVERTAKING/PASSING                               | 10 - PARKED   | 15 - WALKING, RUNNING,<br>Jogging, Playing          | 20 - OTHER NON-MOTORIST<br>21 - Standing Outside      | DIAGRA                                    | O UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN      |  |  |  |  |
|   | 5 - BOTH STRIKING ASTRUCK   | ' 5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN      | 11-SLOWING OR STOPPED<br>In traffic                   | 16 - WORKING  | DISABLED VEHICLE                                      | 13 - TOP                                  | ***  |  |  |  |  |
| <b>I</b>  | 9 - OTHER / UNKNOWN   |  | 12-DRIVERLESS   | 17 - PUSHING VEHICLE                                | 99 - OTHER / UNKNOWN                                  |   | TRAFFIC  |  |  |  |  |
|   | 1 - NONE<br>2 - FAILURE TO YIELD                                      | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE / ACD/ | 13 - IMPROPER START FROM A PARKED POSITION            | 17 - VISION OBSTRUCTION<br>18 - Operating defective | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE            | TRAFFICWAY FLOW<br>1 - ONE-WAY            | TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN      |  |  |  |  |
| $_{\perp}0_{\perp}1_{\perp}$                    | 3 - RAN RED LIGHT   | 9-IMPROPER LANE CHANGE                               | 14-STOPPED OR PARKED<br>ILLEGALLY                     | EQUIPMENT  19 - LOAD SHIFTING/FALLING/              | 23 - OPENING DOOR INTO<br>ROADWAY                     | 2 - TWO-WAY                               | 6 2 - SIGNAL 5 - YIELD SIGN                        |  |  |  |  |
| CONTRIBUTING                                    | 4 - RAN STOP SIGN<br>5 - Unsafe speed                                 | 10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD         | 15 - SWERVING TO AVOID                                | SPILLING  | 99 - OTHER IMPROPER ACTION                            |   | 3 - FLASHER 6 - NO CONTROL                         |  |  |  |  |
|   | 6-IMPROPERTURN  | 12-IMPROPER BACKING                                  | 16 - WRONG WAY  | 20 - IMPROPER CROSSING                              |   | # OF THROUGH LANES<br>ON ROAD             | RAIL GRADE CROSSING 1 - NOT INVOLVED               |  |  |  |  |
| SEQUENCI  | E of EVENTS   |  | NON-COLLISION   |   |   | 4   | 1 2 - INVOLVED-ACTIVE CROSSING                     |  |  |  |  |
| $^{1}_{11}2_{+}0_{1}$                           | 1 - OVERTURN/ROLLOVER   | 6 - EQUIPMENT FAILURE                                | 11 - CROSS CENTERLINE —<br>OPPOSITE DIRECTION OF      | 16 - RAILWAY VEHICLE                                | 22 - WORK ZONE MAINTENANCE<br>EQUIPMENT               |   | 3 - INVOLVED-PASSIVE CROSSING                      |  |  |  |  |
|   | 2 - FIRE/EXPLOSION 3 - IMMERSION                                      | 7 - SEPARATION OF UNITS<br>8 - Ran off Road Right    | TRAVEL  | 17 - ANIMAL FARM<br>18 - ANIMAL DEER                | 23-STRUCK BY FALLING,                                 | UNIT / NON                                | I-MOTORIST DIRECTION                               |  |  |  |  |
| 2   | 4 - JACKKNIFE   | 9 - RAN OFF ROAD LEFT                                | 12 - DOWNHILL RUNAWAY<br>13 - Other Non-Collision     | 19 - ANIMAL — OTHER<br>20 - MOTOR VEHICLE IN        | SHIFTING CARGO OR<br>ANYTHING SET IN MOTION           |   | 1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST |  |  |  |  |
| 3   | 5 - CARGO / EQUIPMENT<br>LOSS OR SHIFT                                | 10 - CROSS MEDIAN                                    | 14-PEDESTRIAN<br>15-PEDALCYCLE                        | TRANSPORT 21 - PARKED MOTOR VEHICLE                 | BY A MOTOR VEHICLE<br>24 - Other Movable object       | FROM 2 TO L                               | 1 3 - EAST 7 - SOUTHEAST                           |  |  |  |  |
|   |   |  | N WITH FIXED OBJEC                                    | T - STRUCK  |   |   | 4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN      |  |  |  |  |
| 4 💷   | 25 - IMPACT ATTENUATOR  / CRASH CUSHION                               | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER          | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST     | 43 - CURB<br>44 - Ditch                             | 50 - WORK ZONE MAINTENANCE<br>EQUIPMENT               | UNIT SPEED                                | DETECTED SPEED                                     |  |  |  |  |
|   | 26 - BRIDGE OVERHEAD<br>STRUCTURE                                     | 33 - MEDIAN CABLE BARRIER                            | 39-LIGHT/LUMINARIES<br>Support                        | 45 - EMBANKMENT                                     | 51 - WALL<br>52 - BUILDING                            |   | 1 - STATED / ESTIMATED SPEED                       |  |  |  |  |
| 5   | <sup>j</sup> 27 - Bridge Pier or abutmen                              | primitali  | 40 - UTILITY POLE                                     | 46 - FENCE<br>47 - Mailbox                          | 53 - TUNNEL   | $\begin{bmatrix} 0 & 0 & 0 \end{bmatrix}$ | 2 - CALCULATED / EDR                               |  |  |  |  |
| 6   | 28 - BRIDGE PARAPET  29 - BRIDGE RAIL                                 | 35 - MEDIAN CONCRETE<br>Barrier                      | 41 - OTHER POST, POLE<br>OR SUPPORT                   | 48 - TREE<br>49 - FIRE HYDRANT                      | 54-OTHER FIXED OBJECT<br>99-OTHER / UNKNOWN           | POSTED SPEED                              | 3 - UNDETERMINED                                   |  |  |  |  |
| 4   | 30 - GUARDRAIL FACE   | 36 - MEDIAN OTHER BARRIER                            | 42 - CULVERT  | 1. True (LIMMI)                                     |   | 2 5                                       |  |  |  |  |  |
|   | J FIRST HARMFUL EVE   | NT L MOST I  | HARMFUL EVENT   |   |   |   |  |  |  |  |  |

LOCAL REPORT NUMBER

12.0.2.3.-.0.0.0.0.4.0.3.3.

| $\lfloor 0 \rfloor 3 \rfloor \rfloor$ | OWNER NAME: LAST, FIRST FOSTER, AZI DRESS: STREET, CITY, STATE, T | LIE, MARIE   |  |   | E AREA CODE (□ SAME AS DRIVER)  C 149.43 (A)(1)(mir. | 1. NONE 3. FUNCTIONAL DAMAGE            |   |  |  |  |  |
|---------------------------------------|---|--|--|---|--|---|---|--|--|--|--|
| 2129 1                                | 4TH ST, Cuya  | hoga Falls .O  | H 44223  |   |  | 2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE |   |  |  |  |  |
|                                       | IAL CARRIER: NAME, ADDRE  |  |  | COMMERCIAL CARRIER P                          | HONE: INCLUDE AREA CODE                              | 9 - UNKNOWN                             |   |  |  |  |  |
|                                       |   |  |  |   |  | DAMAGED AREA(S)                         |   |  |  |  |  |
|                                       | LICENSE PLATE #   |  | IDENTIFICATION #                                   | VEHICLE YEA                                   |  | INDICA                                  | ATE ALL THAT APPLY  |  |  |  |  |
| $ \mathbf{O}_{\mathbf{i}}\mathbf{H} $ | HOL8040   | $ 1_{1}\mathbf{G}1_{1}\mathbf{P}_{1}\mathbf{E}_{1}5_{1}\mathbf{S}_{1} $  | $B_1 S_1 G_7 D_1 D_1 O_1 O_2$                      | 0.3.0  2.0.1.6                                | Chevrolet  | 12                                      | 12  |  |  |  |  |
| INSURAN<br>VERIFIE                    | INSURANCE COMPA   |  | SURANCE POLICY#                                    | COLOR   | VEHICLE MODEL  | 11 12                                   | 11 12   |  |  |  |  |
| VERIFIE                               |   | N NATION AL  |  | BLU   | CRUZE  | 10 10 2                                 | 10 1 2  |  |  |  |  |
| Соммен                                | TYPE OF USE  RCIAL GOVERNMENT                                     | IN EMERGENCY   | US DOT #   | TOWED BY: COMPANY                             | NAME   | 10 2                                    | 3   |  |  |  |  |
| COMME                                 | TOTALGOVERNMENT   | IN EMERGENCY RESPONSE  | ICLE WEIGHT GVWR/GCWR                              | HAZARDOU                                      | S MATERIAL   | 8 4 4                                   |   |  |  |  |  |
| INTERL                                | OCK HIT/SKIP UNIT   | #UGGUPANIS   | 1 - ≤10K LBS.                                      | MATERIAL C                                    | LASS# PLACARDID#                                     | 8 7 5 4                                 | 8 7 6 4   |  |  |  |  |
| FOULP                                 | ED HILLSKIP ONLI  | $\begin{bmatrix} 0 & 1 \end{bmatrix}$  | 2 - 10,001 - 26K LBS.<br>3 - >26K LBS.             | PLACARD                                       |  | 7 6                                     | 12 7 6  |  |  |  |  |
|                                       | 1 - PASSENGER CAR   | Later and the same of the same |  | 18-LIMO (LIVERY VEHICLE)                      | 23 - PEDESTRIAN / SKATER                             | 6                                       | 11 12 8   |  |  |  |  |
|                                       | 2 - PASSENGER VAN (MINIVAN)                                       |  |  |   | 24 - WHEELCHAIR (ANYTYPE)                            | 10 /                                    | 11 2 1  |  |  |  |  |
|                                       | 3 - SPORT UTILITY VEHICLE   |  |  |   | 25 - OTHER NON-MOTORIST                              | <i>—</i>                                | 10 2 -  |  |  |  |  |
| UNIT TYPE                             |   | DIAVALE  |  |   | 26-BICYCLE   | 9                                       | 9 (3) 3   |  |  |  |  |
|                                       | 5 - CARGO VAN<br>6 - VAN (9-15 SEATS)                             | 11 - ALL TERRAIN VEHICLE   | 16 - FARM EQUIPMENT :<br>17 - MOTORHOME            | 3 1474 1 1 2 M M 1414 1 1 1 1 1 1 1 1 1 1 1   | 27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP               | 7.                                      | / <del>                                      </del>   |  |  |  |  |
| 2                                     | # of TRAILING UNITS   | (VTU \ VTA)  |  |   | ommorris on in forth                                 | * ` `                                   | 7 6   |  |  |  |  |
|                                       |   |  |  |   |  | 11 12                                   | 6 11 12   |  |  |  |  |
| 1                                     | WAS VEHICLE OPERATING IN AUT MODE WHEN CRASH OCCURRED             |  |  | 3 - CONDITIONAL AUTOMATION                    | 9 - UNKNOWN  | 10 11 1 2                               | 10 12 1 2   |  |  |  |  |
| 2                                     | 1-YES 2-NO 9-OTHER/UNKN   |  |  | 4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION    |  | 10 2                                    | 10 2  |  |  |  |  |
|                                       | 1 150 5-80 3-41HEVLOUVN   | OWN AUTONOMOUS<br>MODE LEVEL   |  | , years (plintiv))                            |  | 9 9 3                                   | 3 9 9 3   |  |  |  |  |
|                                       |   |  |  | 16-FARM                                       | 21 - MAIL CARRIER                                    |   | 8 3 4   |  |  |  |  |
|                                       |   |  |  | 17 - MOWING                                   | 99-OTHER/UNKNOWN                                     | 8 6 5                                   | $8 \left\langle \begin{array}{c c} 7 & \hline & 1 & 6 \\ \hline & 6 & \end{array} \right\rangle $ |  |  |  |  |
|                                       | 3 - ELECTRONIC RIDE SHARING                                       |  |  | 18 - SNOW REMOVAL                             |  | 7 5                                     | 7 5   |  |  |  |  |
| FUNCTION                              | 4 - SCHOOLTRANSPORT<br>5 - BUS - TRANSIT/COMMUTER                 |  | 14-PUBLIC UTILITY 15-CONSTRUCTION EQUIPMENT        | 19-TOWING                                     |  | ľ                                       |   |  |  |  |  |
|                                       |   |  |  |   | 10 00NODETE NIVED                                    |   | 12 12 12  |  |  |  |  |
| $10.1_{1}$                            | 1 - NO CARGO BODYTYPE<br>/NOT APPLICABLE                          | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE   | ALL & AATA   | 8 - POLE<br>9 - CARGOTANK                     | 12-CONCRETE MIXER 13-AUTOTRANSPORTER                 | 12                                      |   |  |  |  |  |
| CARGO                                 |   |  | / A4 DAG   | 10-FLAT BED                                   | 14-GARBAGE/REFUSE                                    | 0 M 0                                   |   |  |  |  |  |
| BODY<br>Type                          |   |  | T AD ATHIOUTDO/AD BUT                              | 11 - DUMP                                     | 99-OTHER/UNKNOWN                                     | ° (                                     | 3 9 1 3 9 8 3   |  |  |  |  |
|                                       | 1 - TURN SIGNALS  | 4 - BRAKES   | 7 - WORN OR SLICK TIRES                            | 9 - MOTOR TROUBLE                             | 99 - OTHER / UNKNOWN                                 | 1 0                                     |   |  |  |  |  |
| VEHICLE                               |   |  | 8 - TRAILER EQUIPMENT                              | 10 - DISABLED FROM PRIOR                      | A VIDENT VIINIVIII                                   | 6                                       |   |  |  |  |  |
|                                       |   | 6 - TIRE BLOWOUT   | DEFECTIVE  | ACCIDENT                                      |  |   | TA1   |  |  |  |  |
|                                       | 1 - INTERSECTION - MARKED   | 3 - INTERSECTION OTHER   | 6 - BICYCLE LANE                                   | 9 - MEDIAN/CROSSING ISLAND                    | 12 - FIRST RESPONDER                                 | NO DAMAGE                               | [0]  - UNDERCARRIAGE [14]   |  |  |  |  |
| لسلسا                                 | CROSSWALK   | 4 - MIDBLOCK - MARKED  |  | 10 - DRIVEWAY ACCESS                          | AT INCIDENT SCENE                                    | ☐-TOP [13]                              | - ALL AREAS [15]  |  |  |  |  |
| NON-MOTORIST<br>LOCATION              | CROSSWALK   |  | 8 - SIDEWALK                                       | 11 - SHARED USE PATHS OR                      | 99-OTHER/UNKNOWN                                     |   | IT NOT AT COUNT 53/3  |  |  |  |  |
| AT IMPACT                             |   | 5 - TRAVEL LANE - OTHER LOCATION   |  | TRAILS.                                       |  | LI-UN                                   | IT NOT AT SCENE [16]  |  |  |  |  |
|                                       |   |  |  | 13 - NEGOTIATING A CURVE                      | 18 - APPROACHING<br>OR LEAVING VEHICLE               | INITI                                   | AL POINT OF CONTACT   |  |  |  |  |
| <b>4</b> .                            | 2-NON-COLLISION 3-STRIKING 0,1                                    |  | 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE | 14-ENTERING OR CROSSING<br>SPECIFIED LOCATION | 19-STANDING  | 0 - NO DAMA                             |   |  |  |  |  |
| ACTION                                | 4-STRUCK PRE-GRASH  | 4 - OVERTAKING/PASSING   | 10-PARKED  | 15-WALKING, RUNNING,                          | 20 - OTHER NON-MOTORIST                              |   | R TO UNIT 15 - VEHICLE NOT AT SCENE   |  |  |  |  |
|                                       | 5 - BOTH STRIKING ACTIONS   | 5 - MAKING RIGHT TURN  | 11 - SLOWING OR STOPPED                            | JOGGING, PLAYING                              | 21 - STANDING OUTSIDE                                | DIAGE                                   | RAM 99 - UNKNOWN  |  |  |  |  |
|                                       | & STRUCK  | 6 - MAKING LEFT TURN   | IN TRAFFIC   | 16-WORKING<br>17-PUSHING VEHICLE              | DISABLED VEHICLE 99 - OTHER / UNKNOWN                | 17-106                                  |   |  |  |  |  |
|                                       | 9 - OTHER / UNKNOWN   |  | 12 - DRIVERLESS                                    |   |  |   | TRAFFIC   |  |  |  |  |
|                                       |   | 7 - LEFT OF CENTER   | ALBUMA BASITIAN                                    | 17 - VISION OBSTRUCTION                       | 21 - LYING IN ROADWAY                                | TRAFFICWAY FLOW                         | TRAFFIC CONTROL   |  |  |  |  |
| Λ 1                                   | 2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT                         | 8 - FOLLOWING TOO CLOSE / ACDA<br>9 - IMPROPER LANE CHANGE   | 14-STOPPED OR PARKED                               | 18 - OPERATING DEFECTIVE<br>EQUIPMENT         | 22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO       | 1 - ONE-WAY                             | 1 - ROUNDABOUT 4 - STOP SIGN  |  |  |  |  |
| 0.1                                   | 4 - RAN STOP SIGN   | 10-IMPROPER PASSING  | ILLEGALLY  | 19-LOAD SHIFTING/FALLING/                     | ROADWAY  | 2 2 - TWO-WAY                           | 6 2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL   |  |  |  |  |
| CONTRIBUTING CIRCUMSTANCE             | G<br>S 5 - UNSAFE SPEED   | 11 - DROVE OFF ROAD  | 15 - SWERVING TO AVOID<br>16 - WRONG WAY           | SPILLING<br>20 - IMPROPER CROSSING            | 99 - OTHER IMPROPER ACTION                           |   |   |  |  |  |  |
| S                                     | 6-IMPROPERTURN  | 12-IMPROPER BACKING  | ZV - HILUNU HAI                                    | ZU - IMPROPER CROSSING                        |  | # of THROUGH LANES                      | RAIL GRADE CROSSING   |  |  |  |  |
| G CIRCUMSTANCE USEQUENCI              | E of EVENTS   |  |  |   |  | 4                                       | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING   |  |  |  |  |
|                                       | 1 - OVERTURN/ROLLOVER   | 6 - EQUIPMENT FAILURE  | NON-COLLISION 11 - CROSS CENTERLINE                | 16 - RAILWAY VEHICLE                          | 22 - WORK ZONE MAINTENANCE                           |   | 3 - INVOLVED-PASSIVE CROSSING   |  |  |  |  |
| 1 2 0                                 | 2 - FIRE/EXPLOSION  | 7 - SEPARATION OF UNITS  | OPPOSITE DIRECTION OF                              | 17 - ANIMAL FARM                              | EQUIPMENT  |   |   |  |  |  |  |
|                                       | 3 - IMMERSION   | 8 - RAN OFF ROAD RIGHT   | TRAVEL<br>12-downhill Runaway                      | 18-ANIMAL - DEER                              | 23 - STRUCK BY FALLING,<br>SHIFTING CARGO OR         | UNIT/N                                  | ON-MOTORIST DIRECTION   |  |  |  |  |
| 2                                     | J 4 - JACKKNIFE   | 9 - RAN OFF ROAD LEFT  | 13 - OTHER NON-COLLISION                           | 19-ANIMAL — OTHER                             | ANYTHING SET IN MOTION                               |   | 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST   |  |  |  |  |
|                                       | 5 - CARGO / EQUIPMENT<br>LOSS OR SHIFT                            | 10-CROSS MEDIAN  | 14-PEDESTRIAN                                      | 20 - MOTOR VEHICLE IN<br>TRANSPORT            | BY A MOTOR VEHICLE<br>24-OTHER MOVABLE OBJECT        | FROM 2 TO                               | 1 3 - EAST 7 - SOUTHEAST  |  |  |  |  |
| 3                                     | ]   |  | 15-PEDALCYCLE                                      | 21 - PARKED MOTOR VEHICLE                     | AT TO THE MINY MALE VOICE                            |   | 4 - WEST 8 - SOUTHWEST  |  |  |  |  |
|                                       | 25 - IMPACT ATTENUATOR  |  | N WITH FIXED OBJECT<br>37-Traffic Sign Post        |   | EO WODY TONE MAINTENANT                              |   | 9 - OTHER / UNKNOWN   |  |  |  |  |
| 411                                   | J / CRASH CUSHION   | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER  | 37 - I RAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST | 43 - CURB<br>44 - DITCH                       | 50 - WORK ZONE MAINTENANCI<br>EQUIPMENT              | UNIT SPEED                              | DETECTED SPEED  |  |  |  |  |
|                                       | 26 - BRIDGE OVERHEAD  | 33-MEDIAN CABLE BARRIER  | 39-LIGHT/LUMINARIES                                | 45 - EMBANKMENT                               | 51 - WALL  |   | 1 - STATED / ESTIMATED SPEED  |  |  |  |  |
| 5 <u> </u>                            | STRUCTURE  J 27 - BRIDGE PIER OR ABUTMENT                         | 34-MEDIAN GUARDRAIL<br>Barrier   | SUPPORT<br>40 - UTILITY POLE                       | 46-FENCE                                      | 52 - BUILDING<br>53 - Tunnel                         | $0 \cdot 2 \cdot 0$                     | 2 - CALCULATED / EDR  |  |  |  |  |
|                                       | 28 - BRIDGE PARAPET   | 35 - MEDIAN CONCRETE   | 41 - OTHER POST, POLE                              | 47 - MAILBOX<br>48 - TREE                     | 54 - OTHER FIXED OBJECT                              |   |   |  |  |  |  |
| 6                                     | 29-BRIDGE RAIL  | BARRIER  | OR SUPPORT   | 49-FIRE HYDRANT                               | 99-OTHER/UNKNOWN                                     | POSTED SPEED                            | 3 - UNDETERMINED  |  |  |  |  |
|                                       | 30 - GUARDRAIL FACE   | 36-MEDIAN OTHER BARRIER  | 42 - CULVERT                                       |   |  | 1                                       |   |  |  |  |  |
| _                                     | JU-GUARDRAIL PAGE   | 4  |  |   |  | 2 5                                     |   |  |  |  |  |

| OHIO I   | SONO DEPARTMENT MOTORIST / NON-MOTORIST   |  |                           |  |   |   |               |   | LOCAL REPORT NUMBER   |   |                        |  |                        |  |
|--|---|--|---------------------------|--|---|---|---------------|---|---|---|------------------------|--|------------------------|--|
|  |   |  |                           |  |   |   |               |   | 2 + 0 + 2 + 3 + - + 0 + 0 + 0 + 0 + 4 + 0 + 3 + 3 + 1   |   |                        |  |                        |  |
| UNIT#  |   | RST, MIDDLE                                      |                           |  |   |   |               |   | DATE OF BIRTH AGE GENDER  |   |                        |  |                        |  |
| 0 1  | S: STREET, CITY, STA  | TE 710   |                           |  |   |   |               |   | CONTACT PHONE - INCLUDE AREA CODE   |   |                        |  |                        |  |
| ADDRES   | ~, 01 KEE1/011 1/3 I A  | a wy caf   |                           |  |   |   |               |   | Redacted per QRC 149.43 (A)(1)(mm)  |   |                        |  |                        |  |
| NJURIE   | S INJURED   E   | MS AGENCY (NAME)                                 |                           | INJUREDT                                     | AKEN TO:  | MEDICAL FACILITY  | (NAME, CITY)  | SAFETY EQUIPMENT                                | T   SEATING POSITION   AIR RAG HSAGE   EJECTION   TRAPPED   |   |                        |  |                        |  |
| NON .  | TAKEN   |  |                           | USED   |   |   | USED          | DOT-COMPLIANT MC HELMET                         |   |   |                        |  |                        |  |
| OL STAT  | E OPERATOR LI   | CENSE NUMBER                                     |                           | OFFENS                                       | E CHAR  | GED   | LOCAL         | OFFENSE DESC                                    | RIPTION CITATI  |   |                        | TION NUMBER                            |                        |  |
| OL STAT  | _   Redacte   | ed per ORC 4501:                                 | 1-12                      |  |   |   |               |   |   |   |                        |  |                        |  |
| OL CLAS  | S ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP                            | DIST                      | /ER<br>RACTED                                |   | HOL / DRUG SUSP<br>COHOL MA   |               | CONDITION                                       |   | YPE VALUE   |                        | DRUG TEST(S<br>Type   result           | )<br>  SELECTUPTO4     |  |
|  |   | 1 1 1 1 1 1 1 1                                  | BY                        | 9  | =   | HER DRUG  | KIJUANA       | 9   | 1   | 1   | 1                      | 1                                      |                        |  |
| UNIT #   | NAME: LAST, F   | IRST, MIDDLE                                     |                           |  |   | 10 to | and an a      | 10 1 1 5 2 16 P . 10                            |   | DATE OF BIRTH   | <u></u>                | AGE                                    | GENDER                 |  |
| 0,2  | GERRE   | EN, CYNTHIA, L                                   |                           |  |   |   |               |   | $\begin{bmatrix} 0 & 7 \end{bmatrix}$   | 1.7.1.9   | 6.7                    | 5.5                                    | $\mathbf{F}$           |  |
| ADDRES   | SS: STREET, CITY, STA   | ATE, ZIP   |                           |  |   |   |               |   |   | PHONE - INCLUDE AREA  |                        |  | ,1                     |  |
| 4816   | GOWER   | RD ,Rootstown ,0                                 | OH 44                     | 1272   |   |   |               |   | Reda  | cted per OR   |                        |  |                        |  |
| 2  | TAKEN   | EMS AGENCY (NAME)                                |                           | INJUREDT                                     | AKEN TO:  | MEDICAL FACILITY  | (NAME, CITY)  | HSEN  | DOT-C   | OMPLIANT  | 1 .                    | ISAGE EJECTION                         | TRAPPED                |  |
| <u>5</u>   | BY  |  |                           | ļ  |   |   |               |   | · <b>k</b>  | LMET 0 1  | 1                      | _1_                                    |                        |  |
| OL STAT  |   | CENSE NUMBER                                     | 1 10                      | OFFENS                                       | SE CHAR   | GED   | LOCAL         | OFFENSE DESC                                    | CRIPTION  |   | CITATI                 | ON NUMBER                              |                        |  |
| O, I   |   | ed per ORC 4501:                                 |                           | VED I  | AI no   | HOL / DRUG SUSP   | ECTED         | CONDITION                                       |   | COHOL TEST  |                        | DRUG TEST(S                            | )                      |  |
| UL GLAS  | SELECT UP TO 2  | KESTRICTION SELECT DE                            |                           | TRACTED                                      |   |   | ARIJUANA      | CONSTITUN                                       |   | TYPE VALUE  |                        |  | T SELECT UPTO 4        |  |
| <u>. 4</u>   |   | O THER DRUG                                      |                           |  |   |   |               |   | 1   | 1   | _1_                    | 1                                      |                        |  |
| UNIT #   |   | •  |                           |  |   |   |               |   |   | DATE OF BIRTH   |                        | AGE                                    | GENDER                 |  |
| _0_3   |   | R, ABBIE, MARI                                   | E                         |  |   |   |               |   | 0 2 1 8 2 0 0 3 2 0 F   |   |                        |  |                        |  |
| <b>3</b>   | SS: STREET, CITY, STA   | •  | OII /                     | 14222  |   |   |               |   | CONTACT PHONE - INCLUDE AREA CODE  Dodgested now OPC 140 43 (A)(1)(mm)                            |   |                        |  |                        |  |
|  |   | Cuyahoga Falls                                   | ,OH 4                     |  | TAVENTO   | MEDICAL FACILITY  | V (NAME OTTY  | LEVELLA EVILLINEM                               | Redacted per ORC 149.43 (A)(1)(mm)  |   |                        |  |                        |  |
| 1 NJOKI  | TAKEN<br>BY   | EMS AGENCT (NAME)                                |                           | INJURED                                      | IANEN IO  | MEDICAL FACILITY  | I (NAME, GIT) | USED 0 3  | DUI-COMPLIANT   |   |                        |  |                        |  |
| OL STA   | TE OPERATOR L   | ICENSE NUMBER                                    |                           | OFFENSE CHARGED LOCAL OFFENSE DES            |   |   |               |   |   |   |                        | الــــــــــا                          |                        |  |
|  | H. Redacte  | ed per ORC 4501:                                 | 1-12                      | CODE   |   |   |               |   |   |   |                        |  |                        |  |
| OL CLA   | SS ENDORSEMENT<br>SELECT UP TO 2  | RESTRICTION SELECT U                             |                           | VER<br>TRACTED                               |   | HOL / DRUG SUSI   |               | CONDITION                                       | STATUS  | COHOL TEST<br>TYPE VALUE                                      | STATUS                 | DRUG TEST(                             |                        |  |
| . 4  |   |  | BY                        |  |   | LCOHOL     M/<br>THER DRUG  | ARIJUANA      | 1   | 111   | 1   | 1                      | 1                                      |                        |  |
|  | <br> Juries   | SEATING POSITION                                 |                           | AIR BAG                                      |   | OL CLA  | SS            | OL RESTRI                                       | CTION(S)  | DRIVER DISTRA   | CTION                  | TEST ST                                | ATUS                   |  |
| 1 - FATAL  |   | 1: FRONT - LEFT SIDE<br>(MOTORCYCLE DRIVER)      | 1 - NOT DEF               | Committee Committee                          |   | 1 - CLASS A   |               | 1 - ALCOHOL INTE                                | - AND 1996 A  |   | Control of the Control | 1 - NONE GIVEN                         | . X                    |  |
| 10 10 to | TED SERIOUS INJURY<br>Ted minor injury  | 2 - FRONT - MIDDLE                               | 2 - DEPLOY<br>3 - DEPLOY  | 5.40   |   | 2 - CLASS B<br>3 - CLASS C  |               | 2 - CDL INTRASTA<br>3 - CORRECTIVE L            |   | 2 - MANUALLY OPERAT<br>Electronic commi<br>Device (Texting, T | JNICATION 3            | 2 - TEST REFUSED<br>3 - TEST GIVEN, CO | ONTAMINATED            |  |
| 4 - POSSIBI  | Market RESTRICT STATES  | 3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE | Sec. 3 (36)               | 'ED BOTH FR                                  | ONT/SIDE  | 4 - REGULAR CLASS<br>(OHIO = D)   |               | 4 - FARM WAIVER                                 | dalah Colon 66 Pe   | DIALING)  |                        | SAMPLE / UNU<br>4 - TEST GIVEN, RI     |                        |  |
|  | ARENT INJURY  | (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE       | 5 - NOT APP<br>9 - Deploy | YMENT UNKNOWN 5-M/C MOPED ONLY 6-EXCEPT CLAS |   |   |               | LASSA COMMUNICATION DE VICE 5 - TEST GIVEN, RES |   |   |                        |  |                        |  |
| Contract Contract  | ED TAKEN BY<br>Insported  | 5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE   |                           |  | 6 - NO VALID OL & CLASS B BU<br>7 - EXCEPT TRAC |   |               |   |   |   | CT TVO                 |  |                        |  |
|  | ED AT SCENE   | 7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)       | 1 - NOT EJE               | JECTION OL ENDORSEMENT 8-INTERMEDIA          |   |   |               | E LICENSE                                       | 5 - OTHER ACTIVITY WI<br>ELECTRONIC DEVIC   |   | ALCOHOL TI<br>1-NONE   | SOLIMPE                                |                        |  |
| 3 - POLICE   |   | B-THIRD-MIDDLE                                   |                           | LLY.EJECTEI                                  | ).  | H - HAZMAT<br>M - MOTORCYCLE  |               | RESTRICTION 9-LEARNER'S P                       | ERMIT   | 6 - PASSENGER   |                        | 2 - BL00D                              |                        |  |
| 9-OTHER/   | UNKNOWN   | 9 - THIRD - RIGHT SIDE                           | 3 - TOTALL                | 1.50   |   | P - PASSENGER   | 435 / S       | RESTRICTION 10 - LIMITED TO D                   | A. S.   | 7-OTHER DISTRACTION INSIDE THE VEHICL                         | 10 36 24 36            | 3 : URINE<br>4 - Breath                |                        |  |
| N. S. School Schools   | Y EQUIPMENT   | OF TRUCK CAB 11 - PASSENGER IN OTHER             | 4 - NOT AP                |  |   | N - TANKER<br>Q - Motor Scoote  | R             | 11 - LIMITED TO E                               | MPLOYMENT   | 8 - OTHER DISTRACTIO  | N OUTSIDE              | 5-OTHER                                |                        |  |
| 1 - NONE U<br>2 - Shòuld   | SED<br>Der Belt only USED   | ENCLOSED CARGO AREA  (NON-TRAILING UNIT, BUS,    | 1 - NOTTR                 | RAPPED<br>APPED                              |   | R - THREE-WHEEL   | MOTORCYCLE    | 12 - LIMITED – OTI<br>13 - MECHANICAL           |   | 9-OTHER/UNKNOWN   |                        | DRUG TES                               | TTYPE                  |  |
| 3 - LAP BE   | LT ONLY USED  | PICK-UP WITH CAP)                                | 2 - EXTRIC                | ATED BY                                      | 10  | T - DOUBLE & TRIP   | LE TRAILERS   | (SPECIAL BRA<br>CONTROLS, OF                    | KES, HAND<br>OTHER  | CONDITIO  |                        | 1 - NONE<br>2 - BLOOD                  |                        |  |
| 100000000000000000000000000000000000000  | JER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHANIC<br>Restraint System - Cargo Area 3 - Freed by |  |                           |  |   | X - TANKER / HAZM   | IAT           | ADAPTIVE DE                                     |   | 1 - APPARENTLY NORM   |                        | 3 - URINE                              |                        |  |
| FORWA  | RESTRAINT STSTEM - 13 TRAILING UNIT NON-MECHA<br>Restraint System - 14 Riding on Vehicle Exterior       |  |                           |  | CHANICAL MEANS GENDER 15 - MOTOR V              |   |               |   | ITARY VEHICLES ONLY 2. PHYSICAL IMPAIRMENT:<br>for vehicles without 3 Emotional (e.g., depressed, |   |                        | 4 - OTHER                              |                        |  |
| REAR F   | ACING   | (NON-TRAILING UNIT)                              |                           | Ng X   |   | F - FEMALE<br>M - Male  |               | AIR BRAKES<br>16 - OUTSIDE MIR                  | ROR   | ANGRY, DISTURBED) 4 - ILLNESS                                 |                        | DRUG TEST 1 AMPHETAMIN                 | SOUND SEEDS OF COMPANY |  |
| 7 - BOOSTI<br>8 - Helme  |   | 99 - OTHER/UNKNOWN                               |                           |  |   | U - OTHER / UNKNO   | WN            | 17 - PROSTHETIC                                 | AID   | 5 - FELL ASLEEP, FAIN<br>Fatigued, etc.                       | red,                   | 2 - BARBITURATE                        | S                      |  |
| 9 - PROTE  | TIVE PADS USED<br>V, Knees, etc.)   |  |                           |  |   |   |               | 18-OTHER  |   | 6- UNDER THE INFLUE   |                        | 3 - BENZODIAZER<br>4 - CANNABINOID     | in the best of the     |  |
| 100000000000000000000000000000000000000  | TIVE CLOTHING   |  |                           |  |   |   |               |   |   | OF MEDICATIONS/ (<br>/ ALCOHOL                                | JKULS                  | 5 - COCAINE                            |                        |  |
|  | NG – PEDESTRIAN<br>Le only  |  |                           |  |   |   |               |   |   | 9 - OTHER / UNKNOWN   |                        | 6-OPIATES/OPI<br>7-OTHER               | OIDS .                 |  |
| 99 - OTHER   | 医环境医疗 医胸外皮膜炎  |  |                           |  |   |   |               |   |   |   |                        | 8 - NEGATIVE RE                        | SULTS                  |  |

| OHIO DEF                          | SOFT DEPARTMENT OCCUPANT / WITNESS ADDENDUM, |  |   |   |   |   |  | LOCAL REPORT NUMBER                          |                                |            |          |  |  |
|-----------------------------------|--|--|---|---|---|---|--|--|--------------------------------|------------|----------|--|--|
|                                   |  |  |   | 2 + 0 + 2 + 3 + - + 0 + 0 + 0 + 0 + 4 + 0 + 3 + 3 +   |   |   |  |  |                                |            |          |  |  |
| UNIT#                             |  | , FIRST, MIDDLE  |   |   |   |   | DATE OF BIRTH AGE GENDER   |  |                                |            |          |  |  |
| 02                                | 1  | EN, NATHAN   |   |   | ····  | ···                                     | CONTACT PHONE - INCLUSE ADEA CODE  |  |                                |            |          |  |  |
|                                   | STREET, CITY,                                | state, zip<br>R RD ,Rootstov   |   | CONTACT PHONE - INCLUDE AREA CODE  Podo atad now OPC 140 43 (A)(1)(mm)  |   |   |  |  |                                |            |          |  |  |
|                                   | INJURED                                      | EMS Agency (NAME)  | WII ,OII 4-                                 | INJURED TAKEN TO: Medical Facility  | (NAME, CITY)  | SAFETY EQUIPMENT                        | Redacted per QRC, 149,43 (A)(1)(mm)  |  |                                |            |          |  |  |
| 5                                 | TAKEN<br>BY                                  |  |   |   | ,   | USED 0 4                                | DOT-COMPLIANT  | 0 3  | . 1                            | 1 1        | . 1      |  |  |
| UNIT#                             | NAME: LAS                                    | T, FIRST, MIDDLE   |   |   |   |   | DATE   | OF BIRTH                                     | And Angelon                    | AGE        | GENDER   |  |  |
|                                   |  |  |   |   |   |   |  |  |                                |            |          |  |  |
| ADDRESS                           | ADDRESS: STREET, CITY, STATE, ZIP            |  |   |   |   |   |  | CONTACT PHONE - INCLUDE AREA CODE            |                                |            |          |  |  |
| THE HERVES                        | Tynunna                                      | L Mario A  |   |   |   | LON FETTY FAMILIES                      | T SEATING POSITION AIR BAG USAGE   EJECTION   TRAPPED  |  |                                |            |          |  |  |
| INJURIES                          | INJURED<br>TAKEN<br>BY                       | EMS AGENCY (NAME)  | I   | INJURED TAKEN TO: MEDICAL FACILIT   | Y ANAME, CITY)  | SAFETY EQUIPMENT<br>USED                | DOT-COMPLIANT MC HELMET  | SEATING PUSITION                             | AIR BAG USAGE                  | EJECTION   | IKAPPED  |  |  |
| UNIT #                            | NAME: LAS                                    | T, FIRST, MIDDLE   | ****  |   |   |   | DAT  | E OF BIRTH                                   |                                | AGE        | GENDER   |  |  |
| 1 1                               | WARE ENGLING THOUSE                          |  |   |   |   |   |  | 1 1 1  |                                | 1 1 1      | 1 1      |  |  |
| ADDRESS                           | S: STREET, CITY,                             | STATE, ZIP   |   |   |   |   | CONTACT PHONE  | - INGLUDE AREA CO                            | DE.                            |            | <u> </u> |  |  |
|                                   |  |  |   |   |   | _                                       |  |  |                                |            |          |  |  |
| INJURIES                          | INJURED<br>TAKEN                             | EMS AGENCY (NAME)  |   | INJURED TAKEN TO; Medical Facilit   | Y (NAME, CITY)  | SAFETY EQUIPMENT<br>USED                | DOT-COMPLIANT  | SEATING POSITION                             | AIR BAG USAGE                  | EJECTION   | TRAPPED  |  |  |
|                                   | ВУ   |  |   |   |   |   | MC HELMET  |  | <u> </u>                       | 1          | <u></u>  |  |  |
| UNIT#                             | NAME: LAS                                    | T, FIRST, MIDDLE   |   |   |   | DAT                                     | E OF BIRTH   |  | AGE                            | GENDER     |          |  |  |
| ADDRESS                           | S: STREET, CITY                              | STATE. 71P   |   |   |   | ,                                       | CONTACT PHONE - INCLUDE AREA CODE  |  |                                |            |          |  |  |
|                                   |  |  |   |   |   |   |  |  |                                |            |          |  |  |
| INJURIES                          | INJURED<br>TAKEN                             | EMS Agency (NAME)  |   | INJURED TAKEN TO: MEDICAL FACILITY  | ry (NAME, CITY)   | SAFETY EQUIPMENT                        | DOT-COMPLIANT  | SEATING POSITION                             | AIR BAG USAG                   | E EJECTION | TRAPPED  |  |  |
|                                   | BY   |  |   |   | USED  |   | MC HELMET  |  | ı <u> </u>                     | الـــــا   |          |  |  |
| N4 8444                           | 18 18 18 18 18 18 18 18 18 18 18 18 18 1     | URIES  | ERSENDED ARTHUR                             | Y EQUIPMENT USED  | A EDG   | SEATING POS                             | tions and a second second  | 1 NOT B                                      | AIR BAG                        | JSAGE      |          |  |  |
| 1 - FAT<br>2 - SUS                | S 18 6 6                                     | ERIOUS INJURY  | 1 - NONE US<br>Vehicle                      | OCCUPANT  | 18 18 18 18 18 18 18 18 18 18 18 18 18 1                        | NT – LEFT SIDE<br>FORCYCLE DRIV         | The state of the s | 1 - NOT D                                    | YED FRONT                      |            |          |  |  |
|                                   |  | INOR INJURY  | Frank Carrier                               | ER BELT ONLY USED   | ar an balana  | NT – MIDDLE<br>NT – RIGHT SID           | F  | Transaction and                              | YED SIDE                       |            |          |  |  |
| 4 - POS                           | SSIBLE INJI                                  | JRY  |   | T ONLY USED<br>ER & LAP BELT USED   | 4 - SECO  | OND – LEFT SIC                          | E  |  | YED BOTH                       |            |          |  |  |
| 5 - NO                            | APPARENT                                     | INJURÝ   |   | ESTRAINT SYSTEM –   | (MOTORCYCL'E PASSENGER) 5 - SECOND – MIDDL'E 5                  |   |  |  | FRONT/SIDE  5 - NOT APPLICABLE |            |          |  |  |
| US Parada St                      | Secretary and records 1995.                  | TAKEN BY   |   | D FACING  | ACING 6 - SECOND - RIGHT SI                                     |   |  | 7 DEFLUTIVIENT UNKNOWN                       |                                |            |          |  |  |
|                                   | TTRANSPOR<br>REATED AT S                     |  | 6 - CHILD R<br>REAR FA                      | ESTRAINT SYSTEM -<br>CING   | E CAR) EJECTION   |   |  |  |                                |            |          |  |  |
| 2 - EM                            | S  | The state of the s | 7 - BOOSTE                                  | R SEAT  | 1-NOT EJECTED   |   |  |  |                                |            |          |  |  |
| 3 - POL                           |  |  | 8 - HELMET                                  |   | OF TRUCK CAB 2 - PARTIALLY EJECTED                              |   |  |  |                                |            |          |  |  |
| 9 - 0TH                           | HER / UNKN                                   |  | Self-Million (1996) and the first first the | TIVE PADS USED<br>. KNEES, ETC.)  | HER ENCLOSED: 3 TOTALLY EJECTED TRAILING UNIT, 4 NOT APPLICABLE |   |  |  |                                |            |          |  |  |
| F-FEM                             |  | NDER   | 10 - REFLEC                                 | TIVE CLOTHING   | BUS, PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED  TRAPP     |   |  |  |                                |            |          |  |  |
| M - MAI                           | ALTERNATION OF                               | San  | 11 - LIGHTIN<br>/ BICYCL                    | JG – PEDESTRIAN<br>LE ONLY  | CAR   | GO AREA                                 | LINGLUSED  | 1 - NOTT                                     | RAPPED                         |            |          |  |  |
| U-OTH                             | ER/UNKNO                                     | )WN  | 99 - OTHER /                                | UNKNOWN   | 3.15.15(1.24)   | ILING UNIT<br>ING ON VEHICL             | E EXTERIOR   |  | CATED BY                       | MECHANI    | CAL      |  |  |
|                                   |  |  |   |   | (NON  | I-TRAILING UNIT                         |  | MEAN 3-FREE                                  | IS<br>D BY NON-N               | IECHANIO   | :Δ1      |  |  |
| 10.679                            |  |  |   |   |   | I-MOTORIST<br>Er/Unknown                |  | MEAN   |                                |            |          |  |  |
| NAME: L                           | AST, FIRST, MID                              | DLE  | 40 At 150 10 At 150 10                      | and application of the second |   | See | DA   | TE OF BIRTH                                  |                                | AGE        | GENDER   |  |  |
|                                   |  |  |   |   |   |   | 001:21.22  |  |                                |            | _        |  |  |
| ADDRES                            | S: STREET, CIT                               | Y, STATE, ZIP  |   |   |   |   | CONTACT PHON   | E - INCLUDE AREA                             | CODE                           |            |          |  |  |
| NAME: I                           | AST, FIRST, MID                              | DLE  |   |   |   |   | DA   | TE OF BIRTH                                  | -                              | AGE        | GENDE    |  |  |
|                                   |  |  |   |   |   |   |  | <u>                                     </u> | <u> </u>                       |            |          |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP |  |  |   |   |   | CONTACT PHON                            | E - INCLUDE AREA   | CODE   |                                | ·1         |          |  |  |
|                                   |  |  |   |   |   |   |  | TE OF DIE                                    | <u> </u>                       | 1 40-      | OFFICE   |  |  |
| NAME: L                           | _AST, FIRST, MIC                             | DULE   |   |   |   |   | D/   | ATE OF BIRTH                                 |                                | AGE        | GENDE    |  |  |
| ADDRES                            | S: STREET, CIT                               | Y, STATE, ZIP  |   |   |   |   | CONTACT PHON   | IE - INCLUDE AREA                            | CODE                           | <u> </u>   |          |  |  |
| <b>3</b>                          |  |  |   |   |   |   |  | 1_1_   | 1_1                            | 1_1_1      |          |  |  |
|                                   |  |  |   |   |   |   |  |  |                                |            |          |  |  |