

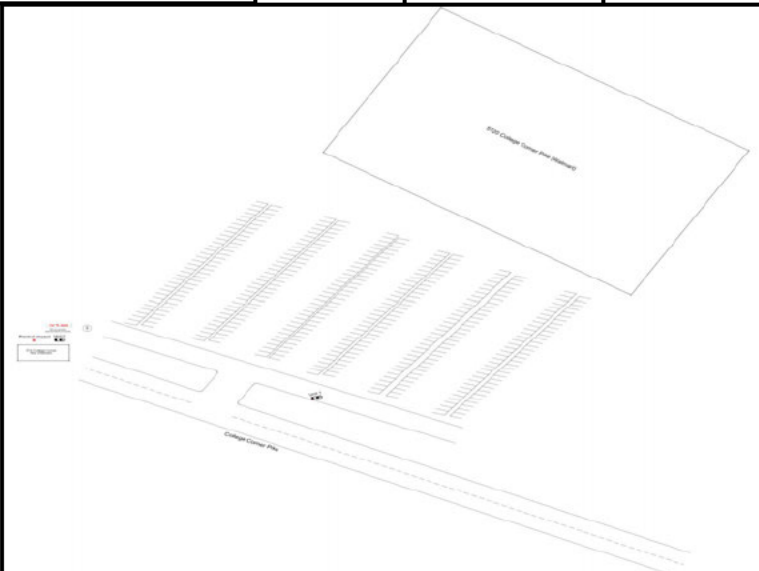
# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

25-OPD-0381

|  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |
|--|--|--|--|--|--|---|--|--|--|---|--|---|--|--|--|---|--|--|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input checked="" type="checkbox"/> PRIVATE PROPERTY  |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER  |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br>Oxford Police Department   |  | NCIC *<br>00907   |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   |  | NUMBER OF UNITS<br>1  |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN  |  |  |  |   |  |  |  |
| COUNTY*<br>9   |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Oxford   |  | CRASH DATE / TIME*<br>05/05/2025 03:35  |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |  |   |  |   |  |  |  |   |  |  |  |
| ROUTE TYPE<br>LOCATION   |  | ROUTE NUMBER<br>PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | LOCATION ROAD NAME<br>Colleeq Corner   |  | ROAD TYPE<br>PJ   |  | LATITUDE DECIMAL DEGREES<br>39.527748  |  | LONGITUDE DECIMAL DEGREES<br>-84.769135   |  |   |  |  |  |   |  |  |  |
| ROUTE TYPE<br>REFERENCE  |  | ROUTE NUMBER<br>PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>5720 Colleeq Corner   |  | ROAD TYPE   |  |  |  |   |  |   |  |  |  |   |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3   |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>2  |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                            |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS   |  | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   |  | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY   |  |   |  |  |  |   |  |  |  |
| DISTANCE FROM REFERENCE<br>439.00  |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2  |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA  |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |  | NUMBER OF APPROACHES   |  |   |  |   |  |  |  |   |  |  |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>1   |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>1 |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN  |  |  |  |   |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER  |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA    |  | CONTOUR<br>1  |  | CONDITIONS<br>2  |  | SURFACE<br>2  |  |   |  |  |  |   |  |  |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>4  |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br>2                                     |  | LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN |  | CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN                             |  | CONDITIONS<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN |  | SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |  |  |  |   |  |  |  |
| NARRATIVE<br>On 5/5/2025 at or around 0341 hours, I responded to 5720 College Corner Pike (Walmart) for a reported non-injury crash. The caller, an employee at Walmart, stated that a dark sedan had crashed after doing burnouts and donuts in the parking lot.<br><br>Upon my arrival, I located the crashed vehicle, a 2014 Ford Fusion sedan (OH EHR8045), that had crashed into a curb on the south side of the parking lot near College Corner Pike. The driver's side wheels were over the curb and on the grass. The front driver's wheel well was destroyed and oil leaked underneath the vehicle.<br><br>I contacted the driver of the vehicle, who stated that he and his 5 juvenile passengers had been doing donuts and burnouts in the parking lot of Walmart. While attempting to leave the parking lot, Cooper turned too wide and at speed which caused him to strike the curb, resulting in the vehicle becoming damaged and stuck in the grass. Reffitts responded and towed the vehicle to their lot. The five juveniles had their parents respond to the scene to pick them up. The driver was cited for Reckless Operation on Public/Private Property, contrary to ORC 4511.201A. |  |  |  |  |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |
| CRASH REPORTED DATE / TIME<br>05/05/2025 03:40   |  |  |  | DISPATCH DATE / TIME<br>05/05/2025 03:40   |  |   |  | ARRIVAL DATE / TIME<br>05/05/2025 03:48  |  |   |  | SCENE CLEARED DATE / TIME<br>05/05/2025 04:45   |  |  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |  |  |
| TOTAL TIME ROADWAY CLOSED<br>0   |  | OTHER INVESTIGATION TIME<br>15   |  | TOTAL MINUTES<br>80  |  | OFFICER'S NAME*<br>Combs, Grant   |  |  |  | CHECKED BY OFFICER'S NAME*<br>King, David   |  |   |  | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs) |  |   |  |  |  |
| OFFICER'S BADGE NUMBER*<br>40  |  |  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>30   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
25-OPD-0381

|   |                                  |                                   |  |  |  |  |  |                         |                        |                     |                |      |                        |
|---|----------------------------------|-----------------------------------|--|--|--|--|--|-------------------------|------------------------|---------------------|----------------|------|------------------------|
| <b>UNIT #</b>                             | <b>NAME: LAST, FIRST, MIDDLE</b> |                                   |  |  |  | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>              | <b>GENDER</b>          |                     |                |      |                        |
| 1   | OLDFIELD, COOPER, FLYNN          |                                   |  |  |  | 08/05/2008                               |  | 16                      | M                      |                     |                |      |                        |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b>  |                                  |                                   |  |  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                         |                        |                     |                |      |                        |
| 94 LEXINGTON DR , HAMILTON, OH, 450131645 |                                  |                                   |  |  |  |  |  |                         |                        |                     |                |      |                        |
| <b>INJURIES</b>                           | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>          |  | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |  | <b>SAFETY EQUIPMENT USED</b>             | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b>     | <b>TRAPPED</b> |      |                        |
| 5   | 1                                |                                   |  |  |  | 4  |  | 1                       | 1                      | 1                   | 1              |      |                        |
| <b>OL STATE</b>                           | <b>OPERATOR LICENSE NUMBER</b>   |                                   |  | <b>OFFENSE CHARGED</b>                                 |  | <b>LOCAL CODE</b>                        | <b>OFFENSE DESCRIPTION</b>   |                         | <b>CITATION NUMBER</b> |                     |                |      |                        |
|   |                                  |                                   |  | 4511.201   |  |  | WANTON AND WILLFUL DISREGARD   |                         | 392858                 |                     |                |      |                        |
| <b>OL CLASS</b>                           | <b>ENDORSEMENT</b>               | <b>RESTRICTION SELECT UP TO 3</b> |  | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |  | <b>CONDITION</b>   | <b>ALCOHOL TEST</b>     |                        | <b>DRUG TEST(S)</b> |                |      |                        |
| 4   |                                  |                                   |  | 1  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | 1  | STATUS                  | TYPE                   | VALUE               | STATUS         | TYPE | RESULTS SELECT UP TO 4 |
|   |                                  |                                   |  |  |  |  |  | 1                       | 1                      |                     | 1              | 1    |                        |

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

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

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

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
25-OPD-0381

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

| INJURIES                     | SAFETY EQUIPMENT USED                         | SEATING POSITION  | AIR BAG USAGE                |
|------------------------------|---|---|------------------------------|
| 1 - FATAL                    | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)   | 1 - NOT DEPLOYED             |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED                   | 2 - FRONT - MIDDLE  | 2 - DEPLOYED FRONT           |
| 3 - SUSPECTED MINOR INJURY   | 3 - LAP BELT ONLY USED                        | 3 - FRONT - RIGHT SIDE  | 3 - DEPLOYED SIDE            |
| 4 - POSSIBLE INJURY          | 4 - SHOULDER & LAP BELT USED                  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)   | 4 - DEPLOYED BOTH FRONT/SIDE |
| 5 - NO APPARENT INJURY       | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 5 - SECOND - MIDDLE   | 5 - NOT APPLICABLE           |
|                              | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE   | 9 - DEPLOYMENT UNKNOWN       |
|                              | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)   |                              |
|                              | 8 - HELMET USED                               | 8 - THIRD - MIDDLE  |                              |
|                              | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE  |                              |
|                              | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB   |                              |
|                              | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) |                              |
|                              | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA   |                              |
|                              |   | 13 - TRAILING UNIT  |                              |
|                              |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)   |                              |
|                              |   | 15 - NON-MOTORIST   |                              |
|                              |   | 99 - OTHER / UNKNOWN  |                              |

| INJURED TAKEN BY                       | EJECTION              |
|--|-----------------------|
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 1 - NOT EJECTED       |
| 2 - EMS                                | 2 - PARTIALLY EJECTED |
| 3 - POLICE                             | 3 - TOTALLY EJECTED   |
| 9 - OTHER / UNKNOWN                    | 4 - NOT APPLICABLE    |

| GENDER              | TRAPPED                            |
|---------------------|------------------------------------|
| F - FEMALE          | 1 - NOT TRAPPED                    |
| M - MALE            | 2 - EXTRICATED BY MECHANICAL MEANS |
| U - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS  |

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