

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

25-OPD-0284

|  |   |  |  |  |  |   |   |   |                             |   |
|--|---|--|--|--|--|---|---|---|-----------------------------|---|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |   | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY   | <input type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER  | LOCAL INFORMATION<br><b>REPORTING AGENCY NAME *</b><br>Oxford Police Department  |  | <b>NCIC *</b><br>00907  |   | <b>HIT/SKIP</b><br>1 - SOLVED<br>2 - UNSOLVED   | <b>NUMBER OF UNITS</b><br>2 | <b>UNIT IN ERROR</b><br>98 - ANIMAL<br>99 - UNKNOWN |
| <b>COUNTY*</b><br>9  | <b>LOCALITY*</b><br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1                  | <b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b><br>Oxford  |  | <b>CRASH DATE / TIME*</b><br>04/05/2025 23:34  |  | <b>CRASH SEVERITY</b><br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |   |   |                             |   |
| <b>LOCATION</b><br><b>ROUTE TYPE</b><br>US   | <b>ROUTE NUMBER</b><br>27   | <b>PREFIX</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | <b>LOCATION ROAD NAME</b><br><br>                                |  | <b>ROAD TYPE</b><br><br>                         | <b>LATITUDE DECIMAL DEGREES</b><br>39.499654  | <b>LONGITUDE DECIMAL DEGREES</b><br>-84.730175  |   |                             |   |
| <b>REFERENCE</b><br><b>ROUTE TYPE</b><br><br>  | <b>ROUTE NUMBER</b><br><br>   | <b>PREFIX</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b><br>Chestnut |  | <b>ROAD TYPE</b><br>ST                           |   |   |   |                             |   |
| <b>REFERENCE POINT</b><br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #   | <b>DIRECTION FROM REFERENCE</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE |  | <b>ROAD TYPE</b><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  |   | <b>INTERSECTION RELATED</b><br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |                             |   |
| <b>DISTANCE FROM REFERENCE</b><br>300.00   | <b>DISTANCE UNIT OF MEASURE</b><br>1 - MILES<br>2 - FEET<br>3 - YARDS             | <b>ROADWAY</b><br><input type="checkbox"/> ROADWAY DIVIDED   |  | <b>NUMBER OF APPROACHES</b><br>2   |  |   |   |   |                             |   |
| <b>LOCATION OF FIRST HARMFUL EVENT</b><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   |   | <b>MANNER OF CRASH COLLISION/IMPACT</b><br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON                        |  | 4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN  |  | <b>DIRECTION OF TRAVEL</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | <b>MEDIAN TYPE</b><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  |   | <b>WORK ZONE TYPE</b><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   |  | <b>LOCATION OF CRASH IN WORK ZONE</b><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 |  | <b>CONTOUR</b><br>1   | <b>CONDITIONS</b><br>2  | <b>SURFACE</b><br>2   |                             |   |
| <b>LIGHT CONDITION</b><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  |   | <b>WEATHER</b><br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL   |  | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN   |  | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN   | 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   | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN                        |                             |   |
| <b>NARRATIVE</b><br>Unit 1 was driving northbound on US 27 near the intersection of US 27/E. Chestnut St. While approaching the intersection, Unit 1 driver stated they were driving in the wrong direction and made the decision to do a U-turn into the southbound lane. Unit 2 was driving southbound on US 27 from the intersection and was unable to react in time to Unit 1 making a sharp and sudden U-turn. Unit 2 struck Unit 1 on its passenger side bumper/front passenger door. Unit 1 driver was unable to determine if any damage had occurred to their vehicle, as the vehicle already had numerous dents, paint transfers, and scratches. Unit 2 incurred minor damage to the passenger side of the front bumper and the grill of their vehicle was pushed in.<br><br>Unit 1 driver admitted to causing the collision. Unit 1 driver was cited for turning in the roadway. |   |  |  |  |  |   |   |   |                             |   |
| <b>CRASH REPORTED DATE / TIME</b><br>04/05/2025 23:34  |   | <b>DISPATCH DATE / TIME</b><br>04/05/2025 23:34  |  | <b>ARRIVAL DATE / TIME</b><br>04/05/2025 23:39   |  | <b>SCENE CLEARED DATE / TIME</b><br>04/06/2025 00:11  |   | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |                             |   |
| <b>TOTAL TIME ROADWAY CLOSED</b><br>0  | <b>OTHER INVESTIGATION TIME</b><br>15   | <b>TOTAL MINUTES</b><br>52   | <b>OFFICER'S NAME*</b><br>Combs, Grant                           |  | <b>CHECKED BY OFFICER'S NAME*</b><br>King, David |   | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)  |   |                             |   |
|  |   |  | <b>OFFICER'S BADGE NUMBER*</b><br>40                             |  | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b><br>30  |   |   |   |                             |   |



**OWNER**

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER ) ALLEY, KENNY, D OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER ) [REDACTED]

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 1022 CROUSE CHAPEL RD, CHILLICOTHE, OH, 456018636

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

**VEHICLE**

LP STATE OH LICENSE PLATE # 995YIA VEHICLE IDENTIFICATION # 3KPFL4A79HE029858 VEHICLE YEAR 2017 VEHICLE MAKE KIA

INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 19756215FP35 COLOR BLK VEHICLE MODEL FORTE

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE US DOT # TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 1 VEHICLE WEIGHT GVWR/GCWR 1 HAZARDOUS MATERIAL CLASS # PLACARD ID #

UNIT TYPE 1

1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER  
 2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 9 - AUTOCYCLE 10 - MOPEL OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 1

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 99

1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN  
 2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 10 - FLAT BED 14 - GARBAGE/REFUSE

VEHICLE DEFECTS 99

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION 1

1 - INTERSECTION - MARKED CROSSWALK 4 - MIBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 2 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS  
 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE

ACTION 3 PRE-CRASH ACTIONS 1

1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN  
 3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE  
 4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 19 - STANDING  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 20 - OTHER NON-MOTORIST  
 9 - OTHER / UNKNOWN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION

CONTRIBUTING CIRCUMSTANCES 1

1 - NONE 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY  
 2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING /FALLING/SPILLING 99 - OTHER IMPROPER ACTION  
 3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING  
 4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY  
 5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE  
 6 - IMPROPER TURN 7 - LEFT OF CENTER

SEQUENCE OF EVENTS

EVENTS

1 20 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT  
 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN  
 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 6 - EQUIPMENT FAILURE 6 - EQUIPMENT FAILURE 17 - ANIMAL - FARM 18 - ANIMAL - DEER

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 37 - TRAFFIC SIGN POST 44 - DITCH 51 - WALL

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**DAMAGE**

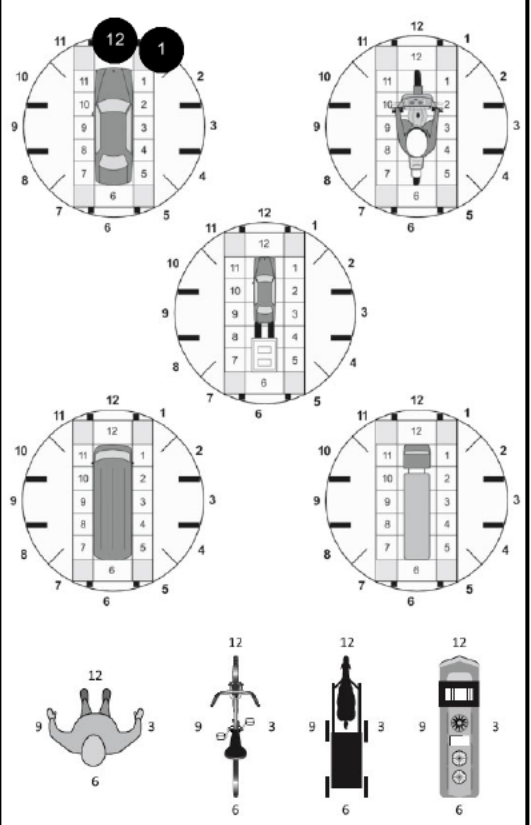
DAMAGE SCALE

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

2

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY



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

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
12

**TRAFFIC**

TRAFFICWAY FLOW 2 TRAFFIC CONTROL 6

1 - ONE-WAY 2 - TWO-WAY  
 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 2 RAIL GRADE CROSSING 1

1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM 1 TO 2

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

UNIT SPEED 45 DETECTED SPEED 1

POSTED SPEED 45 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
25-OPD-0284

|   |   |                                   |  |                                  |   |   |                              |                                  |                      |                        |  |
|---|---|-----------------------------------|--|----------------------------------|---|---|------------------------------|----------------------------------|----------------------|------------------------|--|
| <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>HUFFMAN, QUANTAIAH, L |                                   |  |                                  | <b>DATE OF BIRTH</b><br>03/26/2003  |   | <b>AGE</b><br>22             | <b>GENDER</b><br>F               |                      |                        |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1633 DOGWOOD DR , OXFORD, OH, 450567518 |   |                                   |  |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED]  |   |                              |                                  |                      |                        |  |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b><br>[ 1 ]                          | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                                  | <b>SAFETY EQUIPMENT USED</b><br>4   | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1        | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1    |  |
| <b>OL STATE</b><br>[REDACTED]   | <b>OPERATOR LICENSE NUMBER</b><br>[REDACTED]              |                                   | <b>OFFENSE CHARGED</b><br>4511.37                      |                                  | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b><br>TURNING IN ROADWAY PROHIBITION                            |                              | <b>CITATION NUMBER</b><br>392852 |                      |                        |  |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b>  | <b>RESTRICTION SELECT UP TO 3</b> |  | <b>DRIVER DISTRACTED BY</b><br>9 | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1        | <b>ALCOHOL TEST</b>              |                      | <b>DRUG TEST(S)</b>    |  |
|   |   |                                   |  |                                  |   | STATUS  |                              | TYPE                             |                      | RESULTS SELECT UP TO 4 |  |
|   |   |                                   |  |                                  |   | 1   |                              | 1                                |                      | 1                      |  |

|  |   |                                   |  |                                  |   |   |                              |                           |                      |                        |  |
|--|---|-----------------------------------|--|----------------------------------|---|---|------------------------------|---------------------------|----------------------|------------------------|--|
| <b>UNIT #</b><br>2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>ALLEY, MAKENNA, SUZANNE |                                   |  |                                  | <b>DATE OF BIRTH</b><br>04/04/2005  |   | <b>AGE</b><br>20             | <b>GENDER</b><br>F        |                      |                        |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1022 CROUSE CHAPEL RD , CHILLICOTHE, OH, 456018636 |   |                                   |  |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED]  |   |                              |                           |                      |                        |  |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>[ 1 ]                            | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                                  | <b>SAFETY EQUIPMENT USED</b><br>4   | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1    |  |
| <b>OL STATE</b><br>[REDACTED]  | <b>OPERATOR LICENSE NUMBER</b><br>[REDACTED]                |                                   | <b>OFFENSE CHARGED</b>                                 |                                  | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>  |                              | <b>CITATION NUMBER</b>    |                      |                        |  |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b>  | <b>RESTRICTION SELECT UP TO 3</b> |  | <b>DRIVER DISTRACTED BY</b><br>1 | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1        | <b>ALCOHOL TEST</b>       |                      | <b>DRUG TEST(S)</b>    |  |
|  |   |                                   |  |                                  |   | STATUS  |                              | TYPE                      |                      | RESULTS SELECT UP TO 4 |  |
|  |   |                                   |  |                                  |   | 1   |                              | 1                         |                      | 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>    |  |
|  |                                  |                                   |  |                             |  | STATUS   |                         | TYPE                   |                 | RESULTS SELECT UP TO 4 |  |
|  |                                  |                                   |  |                             |  | 1  |                         | 1                      |                 | 1                      |  |

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

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
25-OPD-0284

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

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

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