

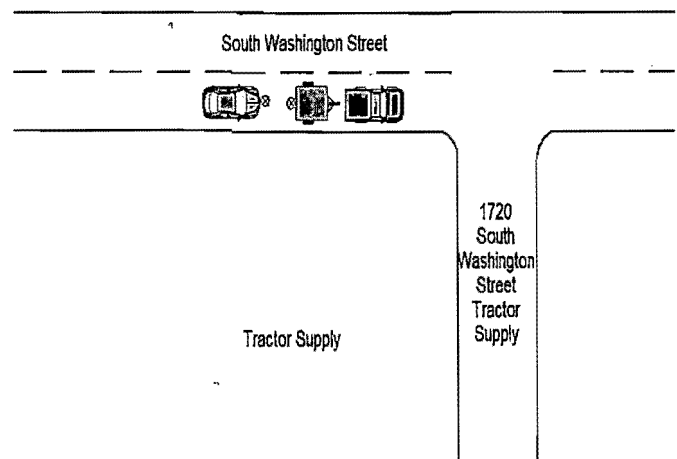


# TRAFFIC CRASH REPORT

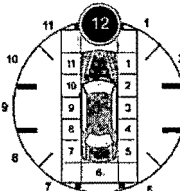
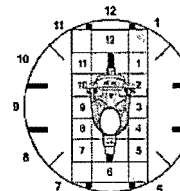
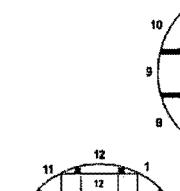
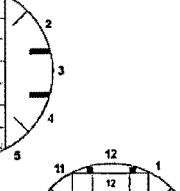
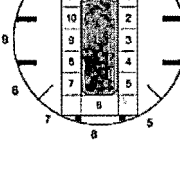
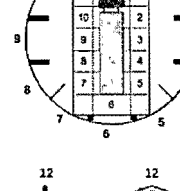
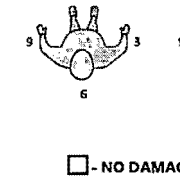
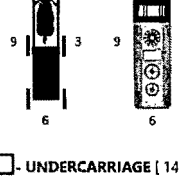
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

MRM 10-27-25

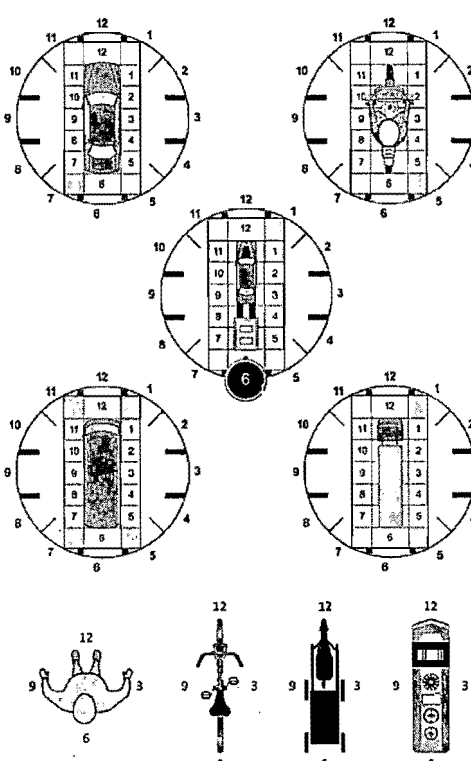
|                                                                                                                                                                                           |  |                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                   |  |                                                                                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                              |  |                                                                                                                                                                                                                                            |  | <input type="checkbox"/> OH-2<br><input checked="" type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | LOCAL INFORMATION<br>1720 SOUTH WASHINGTO                                                                                                                                                                                                                                                                      |  | LOCAL REPORT NUMBER *<br>25MPD1662                                                                                                                                                                                                |  |                                                                                                                                                                                               |  |
| COUNTY*<br>38                                                                                                                                                                             |  |                                                                                                                                                                                                                                            |  | LOCALITY*<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Millersburg                                                                                                                                                                                                                                                              |  | CRASH DATE / TIME*<br>10/23/2025 17:29                                                                                                                                                                                            |  | CRASH SEVERITY<br>5                                                                                                                                                                           |  |
| ROUTE TYPE                                                                                                                                                                                |  | ROUTE NUMBER                                                                                                                                                                                                                               |  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | LOCATION ROAD NAME<br>South Washington Street                                                                                                                                                                                                                                                                  |  | ROAD TYPE<br>ST                                                                                                                                                                                                                   |  | LATITUDE DECIMAL DEGREES<br>40.531282                                                                                                                                                         |  |
| ROUTE TYPE                                                                                                                                                                                |  | ROUTE NUMBER                                                                                                                                                                                                                               |  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>1720 South Washington Street                                                                                                                                                                                                                                  |  | ROAD TYPE                                                                                                                                                                                                                         |  | LONGITUDE DECIMAL DEGREES<br>-81.918649                                                                                                                                                       |  |
| 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                                                                                                                                                                 |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input checked="" type="checkbox"/> ROADWAY DIVIDED |  |                                                                                                                                                                                               |  |
| 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<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>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>2                                                                                                                                                        |  | 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<br>1 |  |
| <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 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN<br>1                                                                                                                                                                                          |  | 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<br>2                                                              |  | 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<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>1       |  | 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 |  | NARRATIVE<br>On 10/23/2025 I Ptl. Ron Kiner was called to the area of Tractor Supply in the Village Of Millersburg Holmes County Ohio to investigate a crash on South Washington Street in front of 1720 South Washington Street. When I arrived both vehicles had been moved off the roadway where the crash had occurred, and were now in the parking lot of Tractor Supply. Both party's involved a William H Jones and a Jesse T Stoltzfus agreed on what had took place and how the crash occurred. unit 1 William Jones stated he was just not paying attention and ran into unit 2 trailer he was pulling behind his truck. Unit 2 agreed Jesse Stoltzfus stated he slowed down do to traffic turning in front of him and felt unit 1 rear end his trailer. unit 2 had damage to his trailer and it bent his truck trailer hitch. unit 1 had front end damage to his vehicle. Both unit's gave written statements. Ptl. Ron Kiner unit 110 |  |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                   |  |                                                                                                                                                                                               |  |
| CRASH REPORTED DATE / TIME<br>10/23/2025 17:29                                                                                                                                            |  |                                                                                                                                                                                                                                            |  | DISPATCH DATE / TIME<br>10/23/2025 17:30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | ARRIVAL DATE / TIME<br>10/23/2025 17:36                                                                                                                                                                                                                                                                        |  | SCENE CLEARED DATE / TIME<br>10/23/2025 18:00                                                                                                                                                                                     |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                     |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                            |  | OTHER INVESTIGATION TIME                                                                                                                                                                                                                   |  | TOTAL MINUTES<br>30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | OFFICER'S NAME*<br>Kiner, Ron                                                                                                                                                                                                                                                                                  |  | CHECKED BY OFFICER'S NAME*<br>Chief [Signature]                                                                                                                                                                                   |  | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs)                                                                                                                     |  |
|                                                                                                                                                                                           |  |                                                                                                                                                                                                                                            |  | OFFICER'S BADGE NUMBER*<br>110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>100                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                                                                                                               |  |



|                                                                                                                        |                                                         |                                                   |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------|
| UNIT #                                                                                                                 | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)      | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) |
| 1                                                                                                                      | JONES, WILLIAM, H                                       | 330-275-9318                                      |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)                                                             |                                                         |                                                   |
| 2377 STATE ROUTE 83, MILLERSBURG, OH, 44654                                                                            |                                                         |                                                   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                    |                                                         | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE       |
| LP STATE                                                                                                               | LICENSE PLATE #                                         | VEHICLE IDENTIFICATION #                          |
| OH                                                                                                                     | JWR5998                                                 | 4T1BK1EB1FU142292                                 |
| INSURANCE VERIFIED                                                                                                     | INSURANCE COMPANY                                       | INSURANCE POLICY #                                |
| <input checked="" type="checkbox"/>                                                                                    | BURGETT                                                 | 4000642793                                        |
| TYPE OF USE                                                                                                            | US DOT #                                                | TOWED BY: COMPANY NAME                            |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                         | N/A                                               |
| INTERLOCK DEVICE EQUIPPED                                                                                              | HAZARDOUS MATERIAL CLASS #                              | PLACARD ID #                                      |
| <input type="checkbox"/> HIT/SKIP UNIT                                                                                 |                                                         |                                                   |
| UNIT TYPE                                                                                                              | VEHICLE WEIGHT GVWR/GCWR                                |                                                   |
| 0                                                                                                                      | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - ≥26K LBS. |                                                   |
| # OF TRAILING UNITS                                                                                                    |                                                         |                                                   |
| 0                                                                                                                      |                                                         |                                                   |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                                                          | 0 - NO AUTOMATION                                       | 3 - CONDITIONAL AUTOMATION                        |
| 2                                                                                                                      | 1 - DRIVER ASSISTANCE                                   | 4 - HIGH AUTOMATION                               |
| 1 - YES 2 - NO 9 - OTHER / UNKNOWN                                                                                     | 5 - FULL AUTOMATION                                     |                                                   |
| SPECIAL FUNCTION                                                                                                       |                                                         |                                                   |
| 1                                                                                                                      |                                                         |                                                   |
| CARGO BODY TYPE                                                                                                        |                                                         |                                                   |
| 99                                                                                                                     |                                                         |                                                   |
| VEHICLE DEFECTS                                                                                                        |                                                         |                                                   |
|                                                                                                                        |                                                         |                                                   |
| NON-MOTORIST LOCATION                                                                                                  |                                                         |                                                   |
| 3                                                                                                                      |                                                         |                                                   |
| ACTION                                                                                                                 |                                                         |                                                   |
| 8                                                                                                                      |                                                         |                                                   |
| CONTRIBUTING CIRCUMSTANCES                                                                                             |                                                         |                                                   |
| SEQUENCE OF EVENTS                                                                                                     |                                                         |                                                   |
| 1                                                                                                                      |                                                         |                                                   |
| 2                                                                                                                      |                                                         |                                                   |
| 3                                                                                                                      |                                                         |                                                   |
| 4                                                                                                                      |                                                         |                                                   |
| 5                                                                                                                      |                                                         |                                                   |
| 6                                                                                                                      |                                                         |                                                   |
| 1                                                                                                                      |                                                         |                                                   |
| FIRST HARMFUL EVENT                                                                                                    |                                                         |                                                   |
| 1                                                                                                                      |                                                         |                                                   |
| MOST HARMFUL EVENT                                                                                                     |                                                         |                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 25MPD1662                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| DAMAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| DAMAGE SCALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| DAMAGED AREA(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| INDICATE ALL THAT APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|         |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]<br><input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15]<br><input type="checkbox"/> UNIT NOT AT SCENE [16]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| INITIAL POINT OF CONTACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN<br>13 - TOP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| TRAFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| TRAFFICWAY FLOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| TRAFFIC CONTROL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| # OF THROUGH LANES ON ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| RAIL GRADE CROSSING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| UNIT / NON-MOTORIST DIRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| FROM 1 TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| UNIT SPEED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| DETECTED SPEED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

|         |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                                  |                   |
|---------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------|
| OWNER   | UNIT #                                                                                                                 | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)                                                |                   |
|         | 2                                                                                                                      | HOLMES SIDING CONTRACTORS,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | 330-473-3398                                                                                     |                   |
| VEHICLE | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                                  |                   |
|         | 6783 COUNTY ROAD 624, MILLERSBURG, OH, 44654                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                                  |                   |
| EVENTS  | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                      |                   |
|         |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                                  |                   |
| VEHICLE | LP STATE                                                                                                               | LICENSE PLATE #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VEHICLE IDENTIFICATION #                                                       | VEHICLE YEAR                                                                                     | VEHICLE MAKE      |
|         | OH                                                                                                                     | TTQ7994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5NHUUST26RW091118                                                              | 2024                                                                                             | US BUILT TRAILERS |
| VEHICLE | INSURANCE VERIFIED                                                                                                     | INSURANCE COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | INSURANCE POLICY #                                                             | COLOR                                                                                            | VEHICLE MODEL     |
|         | <input checked="" type="checkbox"/>                                                                                    | HUMMEL GROUP INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | S2559794                                                                       | WHI                                                                                              | OTHER/UNKNOWN     |
| VEHICLE | TYPE OF USE                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | US DOT #                                                                       | TOWED BY: COMPANY NAME                                                                           |                   |
|         | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                | N/A                                                                                              |                   |
| VEHICLE | INTERLOCK DEVICE EQUIPPED                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VEHICLE WEIGHT GVWR/GCWR                                                       | HAZARDOUS MATERIAL                                                                               |                   |
|         | <input type="checkbox"/> HIT/SKIP UNIT                                                                                 | # OCCUPANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS.                       | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # |                   |
| VEHICLE | UNIT TYPE                                                                                                              | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP                                       |                                                                                |                                                                                                  |                   |
|         | 1                                                                                                                      | # OF TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                                                  |                   |
| VEHICLE | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN |                                                                                                  |                   |
|         | 2                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 - YES 2 - NO 9 - OTHER / UNKNOWN                                             |                                                                                                  |                   |
| VEHICLE | SPECIAL FUNCTION                                                                                                       | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP. 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                  |                                                                                |                                                                                                  |                   |
|         | 1                                                                                                                      | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                                                                                  |                   |
| VEHICLE | VEHICLE DEFECTS                                                                                                        | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                                                  |                   |
|         | 99                                                                                                                     | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                                                  |                   |
| VEHICLE | NON-MOTORIST LOCATION                                                                                                  | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                                                  |                   |
|         | 4                                                                                                                      | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN                            |                                                                                |                                                                                                  |                   |
| VEHICLE | CONTRIBUTING CIRCUMSTANCES                                                                                             | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE /ACCA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION                                                                                      |                                                                                |                                                                                                  |                   |
|         | 1                                                                                                                      | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE /ACCA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION                                                                                      |                                                                                |                                                                                                  |                   |
| EVENTS  | SEQUENCE OF EVENTS                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                                  |                   |
|         | 1                                                                                                                      | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT                             |                                                                                |                                                                                                  |                   |
| EVENTS  | COLLISION WITH FIXED OBJECT - STRUCK                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                                  |                   |
|         | 1                                                                                                                      | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |                                                                                |                                                                                                  |                   |
| EVENTS  | FIRST HARMFUL EVENT                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                                  |                   |
|         | 1                                                                                                                      | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                                                                                  |                   |
| EVENTS  | MOST HARMFUL EVENT                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                                  |                   |
|         | 1                                                                                                                      | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                                                                                  |                   |

|                                                                                                                                                                                                                              |                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER                                                                                                                                                                                                          |                                                                                         |
| 25MPD1662                                                                                                                                                                                                                    |                                                                                         |
| DAMAGE                                                                                                                                                                                                                       |                                                                                         |
| DAMAGE SCALE                                                                                                                                                                                                                 |                                                                                         |
| 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                                                       |                                                                                         |
| 3                                                                                                                                                                                                                            |                                                                                         |
| DAMAGED AREA(S)                                                                                                                                                                                                              |                                                                                         |
| INDICATE ALL THAT APPLY                                                                                                                                                                                                      |                                                                                         |
|                                                                                                                                          |                                                                                         |
| <input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ]<br><input type="checkbox"/> UNIT NOT AT SCENE [ 16 ] |                                                                                         |
| INITIAL POINT OF CONTACT                                                                                                                                                                                                     |                                                                                         |
| 0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN                                                                                                          |                                                                                         |
| 6                                                                                                                                                                                                                            |                                                                                         |
| TRAFFIC                                                                                                                                                                                                                      |                                                                                         |
| TRAFFICWAY FLOW                                                                                                                                                                                                              | TRAFFIC CONTROL                                                                         |
| 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                                                   | 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| 2                                                                                                                                                                                                                            | 6                                                                                       |
| # OF THROUGH LANES ON ROAD                                                                                                                                                                                                   | RAIL GRADE CROSSING                                                                     |
| 2                                                                                                                                                                                                                            | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING       |
| 2                                                                                                                                                                                                                            | 1                                                                                       |
| UNIT / NON-MOTORIST DIRECTION                                                                                                                                                                                                |                                                                                         |
| 1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                                                                                |                                                                                         |
| FROM 1 TO 2                                                                                                                                                                                                                  |                                                                                         |
| UNIT SPEED                                                                                                                                                                                                                   | DETECTED SPEED                                                                          |
|                                                                                                                                                                                                                              | 1 - STATED / ESTIMATED SPEED<br>3 2 - CALCULATED / EDR<br>3 - UNDETERMINED              |
| POSTED SPEED                                                                                                                                                                                                                 |                                                                                         |
| 25                                                                                                                                                                                                                           |                                                                                         |

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# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

25MPD1662

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

| INJURIES                     | SAFETY EQUIPMENT USED                         | SEATING POSITION                                                                                | AIR BAG USAGE                |
|------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------|
| 1 - FATAL                    | 1 - NONE USED - 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  |

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