

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

19-0731-05

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY		<input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		LOCAL INFORMATION REPORTING AGENCY NAME * MADISON COUNTY SHERIFF		NCIC * 04900		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 49		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3		LOCATION: CITY, VILLAGE, TOWNSHIP* Deer Creek (Township of)		CRASH DATE / TIME* 05/16/2019 09:42		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY							
ROUTE TYPE CR		ROUTE NUMBER 71		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME		ROAD TYPE		LATITUDE DECIMAL DEGREES 39.903179		LONGITUDE DECIMAL DEGREES -83.397926			
ROUTE TYPE SR		ROUTE NUMBER 142		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE							
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		RD - ROAD SO - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4			
DISTANCE FROM REFERENCE 5.00		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		RD - ROAD SO - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP		9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON		4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN					
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 2		CONDITIONS 1		SURFACE 2					
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		9 - OTHER / UNKNOWN		9 - OTHER / UNKNOWN		9 - OTHER / UNKNOWN					
NARRATIVE UNIT 02 WAS TRAVELING SOUTHBOUND SR 142 WHEN HE WAS STRUCK BY UNIT 01. UNIT 01 WAS ATTEMPTING TO TURN LEFT ONTO SR 142 FROM SPRING VALLEY AND FAILED TO YIELD THE RIGHT OF WAY TO THE ON COMING UNIT 02.					<p style="text-align: right; color: red;">Not To Scale</p>										
CRASH REPORTED DATE / TIME 05/16/2019 09:42		DISPATCH DATE / TIME 05/16/2019 09:46		ARRIVAL DATE / TIME 05/16/2019 10:02		SCENE CLEARED DATE / TIME 05/16/2019 10:34		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST							
TOTAL TIME ROADWAY CLOSED OTHER INVESTIGATION TIME		TOTAL MINUTES 48		OFFICER'S NAME* DEPUTY MW TALBERT		CHECKED BY OFFICER'S NAME* Huddleston, Bryan		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)							
				OFFICER'S BADGE NUMBER* 34		CHECKED BY OFFICER'S BADGE NUMBER* 7									

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) TRANSPORT, COVENANT	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 800-800-2200
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 5741 S BURLINGTON DRIVE SUITE A, MUNCIE, IN, 47302		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COVENANT TRANSPORT, 5471 S BURLINGTON DR. MUNCIE.		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 800-800-2200

LP STATE IN	LICENSE PLATE # 2223124	VEHICLE IDENTIFICATION # 3AKJHHR6JSJN4889	VEHICLE YEAR 2018	VEHICLE MAKE FREIGHTLINER
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY MARSH USA INC	INSURANCE POLICY # MC-188102	COLOR WHI	VEHICLE MODEL S2G CONVENTIONAL
TYPE OF USE <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # 273818	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 2	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
VEHICLE WEIGHT GVWR/GCWR 3		1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.		

UNIT TYPE 15	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
# OF TRAILING UNITS 1	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN				

SPECIAL FUNCTION 1	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
CARGO BODY TYPE 6	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 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
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

ACTION 3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	PRE-CRASH ACTIONS 6	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
CONTRIBUTING CIRCUMSTANCES 2	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 /ACDA 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	

SEQUENCE OF EVENTS	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	EVENTS 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
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FIRST HARMFUL EVENT 1	MOST HARMFUL EVENT 1			
COLLISION WITH FIXED OBJECT - STRUCK				
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

LOCAL REPORT NUMBER

19-0731-05

DAMAGE

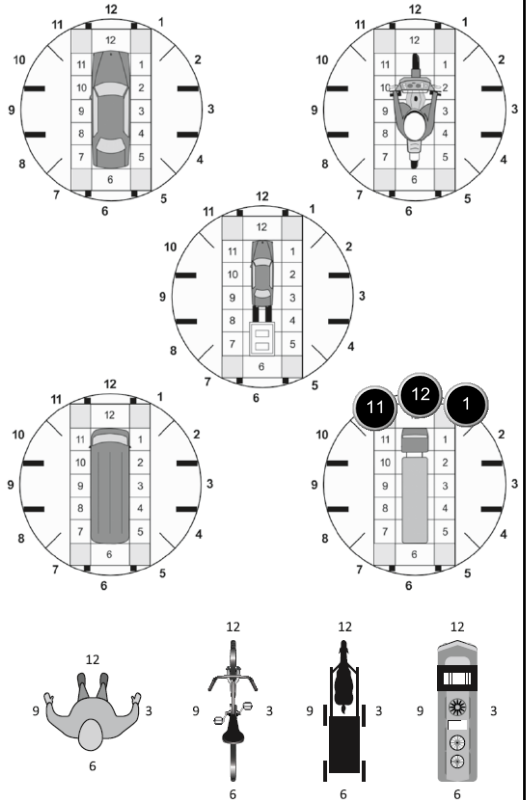
DAMAGE SCALE

1 - NONE
2 - MINOR DAMAGE
9 - UNKNOWN

3 - FUNCTIONAL DAMAGE
4 - DISABLING DAMAGE

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



NO DAMAGE [0] UNDERCARRIAGE [14]

TOP [13] ALL AREAS [15]

UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE
12 - REFER TO UNIT DIAGRAM
13 - TOP

14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW 2	1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 4	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER	4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
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# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 4

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED 10	DETECTED SPEED 1	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 45		

OWNER	UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) FINCHUM, GARY	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 740-506-2271
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1979 GLADE RUN RD, LONDON, OH, 43140		
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # GPS8586	VEHICLE IDENTIFICATION # 1FT7W2BT6DEB70906	VEHICLE YEAR 2013	VEHICLE MAKE FORD
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY MOTORISTS MUTUAL	INSURANCE POLICY # 11110627366200A	COLOR RED	VEHICLE MODEL F-250
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE				
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 1	HAZARDOUS MATERIAL	
		VEHICLE WEIGHT GVWR/GCWR	<input type="checkbox"/> MATERIAL <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
<input type="checkbox"/> 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) <input type="checkbox"/> 2 - PASSENGER VAN (MINIVAN) <input type="checkbox"/> 3 - SPORT UTILITY VEHICLE <input type="checkbox"/> 4 - PICK UP <input type="checkbox"/> 5 - CARGO VAN		<input type="checkbox"/> 7 - MOTORCYCLE 2-WHEELED <input type="checkbox"/> 8 - MOTORCYCLE 3-WHEELED <input type="checkbox"/> 9 - AUTOCYCLE <input type="checkbox"/> 10 - MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> 11 - ALL TERRAIN VEHICLE (ATV/UTV)	<input type="checkbox"/> 12 - GOLF CART <input type="checkbox"/> 13 - SNOWMOBILE <input type="checkbox"/> 14 - SINGLE UNIT TRUCK <input type="checkbox"/> 15 - SEMI-TRACTOR <input type="checkbox"/> 16 - FARM EQUIPMENT <input type="checkbox"/> 17 - MOTORHOME	<input type="checkbox"/> 18 - LIMO (LIVERY VEHICLE) <input type="checkbox"/> 19 - BUS (16+ PASSENGERS) <input type="checkbox"/> 20 - OTHER VEHICLE <input type="checkbox"/> 21 - HEAVY EQUIPMENT <input type="checkbox"/> 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE <input type="checkbox"/> 23 - PEDESTRIAN/SKATER <input type="checkbox"/> 24 - WHEELCHAIR (ANY TYPE) <input type="checkbox"/> 25 - OTHER NON-MOTORIST <input type="checkbox"/> 26 - BICYCLE <input type="checkbox"/> 27 - TRAIN <input type="checkbox"/> 99 - UNKNOWN OR HIT/SKIP

UNIT TYPE 4	# OF TRAILING UNITS 0	WAS TRAILER OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	<input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 9 - OTHER/UNKNOWN <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 2 - PARTIAL AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION
SPECIAL FUNCTION 1	<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 6 - BUS - CHARTER/TOUR <input type="checkbox"/> 11 - FIRE <input type="checkbox"/> 16 - FARM <input type="checkbox"/> 21 - MAIL CARRIER <input type="checkbox"/> 2 - TAXI <input type="checkbox"/> 7 - BUS - INTERCITY <input type="checkbox"/> 12 - MILITARY <input type="checkbox"/> 17 - MOWING <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING <input type="checkbox"/> 8 - BUS - SHUTTLE <input type="checkbox"/> 13 - POLICE <input type="checkbox"/> 18 - SNOW REMOVAL <input type="checkbox"/> 4 - SCHOOL TRANSPORT <input type="checkbox"/> 9 - BUS - OTHER <input type="checkbox"/> 14 - PUBLIC UTILITY <input type="checkbox"/> 19 - TOWING <input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER <input type="checkbox"/> 10 - AMBULANCE <input type="checkbox"/> 15 - CONSTRUCTION EQUIP. <input type="checkbox"/> 20 - SAFETY SERVICE PATROL		
CARGO BODY TYPE 99	<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE <input type="checkbox"/> 4 - LOGGING <input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL <input type="checkbox"/> 11 - DUMP <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/> 2 - BUS <input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 8 - POLE <input type="checkbox"/> 12 - CONCRETE MIXER <input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE <input type="checkbox"/> 6 - CARGOVAN /ENCLOSED BOX <input type="checkbox"/> 9 - CARGO TANK <input type="checkbox"/> 13 - AUTO TRANSPORTER <input type="checkbox"/> 10 - FLAT BED <input type="checkbox"/> 14 - GARBAGE/REFUSE		
VEHICLE DEFECTS	<input type="checkbox"/> 1 - TURN SIGNALS <input type="checkbox"/> 4 - BRAKES <input type="checkbox"/> 7 - WORN OR SLICK TIRES <input type="checkbox"/> 9 - MOTOR TROUBLE <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/> 2 - HEAD LAMPS <input type="checkbox"/> 5 - STEERING <input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> 3 - TAIL LAMPS <input type="checkbox"/> 6 - TIRE BLOWOUT		

NON-MOTORIST LOCATION	<input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 4 - MIBLOCK - MARKED CROSSWALK <input type="checkbox"/> 7 - SHOULDER/ROADSIDE <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK <input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 8 - SIDEWALK <input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS <input type="checkbox"/> 3 - INTERSECTION - OTHER <input type="checkbox"/> 6 - BICYCLE LANE <input type="checkbox"/> 9 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 12 - FIRST RESPONDER AT INCIDENT SCENE
ACTION 4	<input type="checkbox"/> 1 - NON-CONTACT <input type="checkbox"/> 1 - STRAIGHT AHEAD <input type="checkbox"/> 9 - LEAVING TRAFFIC LANE <input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING <input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/> 2 - NON-COLLISION <input type="checkbox"/> 2 - BACKING <input type="checkbox"/> 10 - PARKED <input type="checkbox"/> 16 - WORKING <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/> 3 - STRIKING <input type="checkbox"/> 3 - CHANGING LANES <input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> 17 - PUSHING VEHICLE <input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 4 - OVERTAKING/PASSING <input type="checkbox"/> 12 - DRIVERLESS <input type="checkbox"/> 19 - STANDING <input type="checkbox"/> 5 - BOTH STRIKING & STRUCK <input type="checkbox"/> 5 - MAKING RIGHT TURN <input type="checkbox"/> 13 - NEGOTIATING A CURVE <input type="checkbox"/> 20 - OTHER NON-MOTORIST <input type="checkbox"/> 9 - OTHER / UNKNOWN <input type="checkbox"/> 6 - MAKING LEFT TURN <input type="checkbox"/> 8 - ENTERING OR CROSSING SPECIFIED LOCATION
CONTRIBUTING CIRCUMSTANCES 1	<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 8 - FOLLOWING TOO CLOSE /ACDA <input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION <input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY <input type="checkbox"/> 2 - FAILURE TO YIELD <input type="checkbox"/> 9 - IMPROPER LANE CHANGE <input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY <input type="checkbox"/> 19 - LOAD SHIFTING /FALLING/SPILLING <input type="checkbox"/> 99 - OTHER IMPROPER ACTION <input type="checkbox"/> 3 - RAN RED LIGHT <input type="checkbox"/> 10 - IMPROPER PASSING <input type="checkbox"/> 15 - SWERVING TO AVOID <input type="checkbox"/> 20 - IMPROPER CROSSING <input type="checkbox"/> 21 - LYING IN ROADWAY <input type="checkbox"/> 4 - RAN STOP SIGN <input type="checkbox"/> 11 - DROVE OFF ROAD <input type="checkbox"/> 16 - WRONG WAY <input type="checkbox"/> 22 - NOT DISCERNIBLE <input type="checkbox"/> 5 - UNSAFE SPEED <input type="checkbox"/> 12 - IMPROPER BACKING

SEQUENCE OF EVENTS	EVENTS
1 <input type="checkbox"/> 20	<input type="checkbox"/> 1 - OVERTURN/ROLLOVER <input type="checkbox"/> 7 - SEPARATION OF UNITS <input type="checkbox"/> 12 - DOWNHILL RUNAWAY <input type="checkbox"/> 19 - ANIMAL - OTHER <input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> 2 - FIRE/EXPLOSION <input type="checkbox"/> 8 - RAN OFF ROAD RIGHT <input type="checkbox"/> 13 - OTHER NON-COLLISION <input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> 24 - OTHER MOVABLE OBJECT <input type="checkbox"/> 3 - IMMERSION <input type="checkbox"/> 9 - RAN OFF ROAD LEFT <input type="checkbox"/> 14 - PEDESTRIAN <input type="checkbox"/> 21 - PARKED MOTOR VEHICLE <input type="checkbox"/> 4 - JACKKNIFE <input type="checkbox"/> 10 - CROSS MEDIAN <input type="checkbox"/> 15 - PEDALCYCLE <input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 5 - CARGO / EQUIPMENT LOSS OR SHIFT <input type="checkbox"/> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> 16 - RAILWAY VEHICLE <input type="checkbox"/> 42 - CULVERT <input type="checkbox"/> 6 - EQUIPMENT FAILURE <input type="checkbox"/> 17 - ANIMAL - FARM <input type="checkbox"/> 18 - ANIMAL - DEER <input type="checkbox"/> 43 - CURB <input type="checkbox"/> 25 - IMPACT ATTENUATOR / CRASH CUSHION <input type="checkbox"/> 31 - GUARDRAIL END <input type="checkbox"/> 38 - OVERHEAD SIGN POST <input type="checkbox"/> 45 - EMBANKMENT <input type="checkbox"/> 52 - BUILDING <input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> 32 - PORTABLE BARRIER <input type="checkbox"/> 39 - LIGHT / LUMINARIES SUPPORT <input type="checkbox"/> 46 - FENCE <input type="checkbox"/> 53 - TUNNEL <input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT <input type="checkbox"/> 33 - MEDIAN CABLE BARRIER <input type="checkbox"/> 40 - UTILITY POLE <input type="checkbox"/> 47 - MAILBOX <input type="checkbox"/> 54 - OTHER FIXED OBJECT <input type="checkbox"/> 28 - BRIDGE PARAPET <input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER <input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT <input type="checkbox"/> 48 - TREE <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/> 29 - BRIDGE RAIL <input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER <input type="checkbox"/> 42 - CULVERT <input type="checkbox"/> 49 - FIRE HYDRANT <input type="checkbox"/> 30 - GUARDRAIL FACE <input type="checkbox"/> 36 - MEDIAN OTHER BARRIER <input type="checkbox"/> 43 - CURB <input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 37 - TRAFFIC SIGN POST <input type="checkbox"/> 44 - DITCH <input type="checkbox"/> 51 - WALL
FIRST HARMFUL EVENT 1	MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER 19-0731-05
DAMAGE
DAMAGE SCALE
<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 3 - FUNCTIONAL DAMAGE <input checked="" type="checkbox"/> 2 - MINOR DAMAGE <input type="checkbox"/> 4 - DISABLING DAMAGE <input type="checkbox"/> 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]
INITIAL POINT OF CONTACT
<input type="checkbox"/> 0 - NO DAMAGE <input type="checkbox"/> 14 - UNDERCARRIAGE <input checked="" type="checkbox"/> 11 - 1-12 - REFER TO UNIT DIAGRAM <input type="checkbox"/> 15 - VEHICLE NOT AT SCENE <input type="checkbox"/> 99 - UNKNOWN <input type="checkbox"/> 13 - TOP
TRAFFIC
TRAFFICWAY FLOW
<input checked="" type="checkbox"/> 2 - ONE-WAY <input type="checkbox"/> 1 - TWO-WAY
TRAFFIC CONTROL
<input checked="" type="checkbox"/> 6 - ROUNDABOUT <input type="checkbox"/> 4 - STOP SIGN <input type="checkbox"/> 1 - SIGNAL <input type="checkbox"/> 5 - YIELD SIGN <input type="checkbox"/> 3 - FLASHER <input type="checkbox"/> 6 - NO CONTROL
OF THROUGH LANES ON ROAD
<input checked="" type="checkbox"/> 2
RAIL GRADE CROSSING
<input type="checkbox"/> 1 - NOT INVOLVED <input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING <input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION
FROM <input checked="" type="checkbox"/> 3 TO <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 5 - NORTHEAST <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 6 - NORTHWEST <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 7 - SOUTHEAST <input type="checkbox"/> 4 - WEST <input type="checkbox"/> 8 - SOUTHWEST <input type="checkbox"/> 9 - OTHER / UNKNOWN
UNIT SPEED
<input checked="" type="checkbox"/> 45
DETECTED SPEED
<input type="checkbox"/> 1 - STATED / ESTIMATED SPEED <input checked="" type="checkbox"/> 2 - CALCULATED / EDR <input type="checkbox"/> 3 - UNDETERMINED
POSTED SPEED
<input checked="" type="checkbox"/> 45

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
19-0731-05

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE NUCKLES, JAMES, J				DATE OF BIRTH 02/04/1987		AGE 32	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 7400 HOGAN RD. APT 213, JACKSONVILLE, FL, 32099					CONTACT PHONE - INCLUDE AREA CODE 904-924-5214				
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 10	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

OCCUPANT	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

OCCUPANT	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

OCCUPANT	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)	EJECTION
	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
		13 - TRAILING UNIT	1 - NOT TRAPPED
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE LANNING, ERIC, W				DATE OF BIRTH 07/07/1975		AGE 43	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 234 JACQUELINE DR, LONDON, OH, 43140					CONTACT PHONE - INCLUDE AREA CODE 614-357-8836				

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

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