

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

19-0988-06

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH -2 <input type="checkbox"/> OH -3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION <b>REPORTING AGENCY NAME *</b> MADISON COUNTY SHERIFF		<b>NCIC *</b> 04900		<b>HIT/SKIP</b> <input checked="" type="checkbox"/> 1 - SOLVED <input checked="" type="checkbox"/> 2 - UNSOLVED		<b>NUMBER OF UNITS</b> 2		<b>UNIT IN ERROR</b> <input type="checkbox"/> 98 - ANIMAL <input type="checkbox"/> 99 - UNKNOWN		
<b>COUNTY*</b> 49		<b>LOCALITY*</b> 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3		<b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> Oak Run (Township of)		<b>CRASH DATE / TIME*</b> 06/24/2019 12:15		<b>CRASH SEVERITY</b> <input type="checkbox"/> 1 - FATAL <input checked="" type="checkbox"/> 2 - SERIOUS INJURY SUSPECTED <input type="checkbox"/> 3 - MINOR INJURY SUSPECTED <input type="checkbox"/> 4 - INJURY POSSIBLE <input type="checkbox"/> 5 - PROPERTY DAMAGE ONLY						
LOCATION	<b>ROUTE TYPE</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>ROUTE NUMBER</b> 3		<b>PREFIX</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>LOCATION ROAD NAME</b> SPRING VALLEY		<b>ROAD TYPE</b> RD		<b>LATITUDE DECIMAL DEGREES</b> 39.860511		<b>LONGITUDE DECIMAL DEGREES</b> -83.377250	
	REFERENCE	<b>ROUTE TYPE</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>ROUTE NUMBER</b> 3		<b>PREFIX</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> 5320		<b>ROAD TYPE</b>				
<b>REFERENCE POINT</b> <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE #		<b>DIRECTION FROM REFERENCE</b> <input checked="" type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		<b>ROAD TYPE</b> AL - ALLEY    HW - HIGHWAY    RD - ROAD AV - AVENUE    LA - LANE    SO - SQUARE BL - BOULEVARD    MP - MILEPOST    ST - STREET CR - CIRCLE    OV - OVAL    TE - TERRACE CT - COURT    PK - PARKWAY    TL - TRAIL DR - DRIVE    PI - PIKE    WA - WAY HE - HEIGHTS    PL - PLACE		<b>INTERSECTION RELATED</b> <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		<b>NUMBER OF APPROACHES</b> _____				
<b>DISTANCE FROM REFERENCE</b> 25.00		<b>DISTANCE UNIT OF MEASURE</b> <input checked="" type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS		<b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED		<b>LOCATION OF FIRST HARMFUL EVENT</b> <input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY <input type="checkbox"/> 7 - ON RAMP <input type="checkbox"/> 8 - OFF RAMP		<b>MANNER OF CRASH COLLISION/IMPACT</b> <input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2 - REAR-END <input type="checkbox"/> 3 - HEAD-ON <input type="checkbox"/> 4 - REAR-TO-REAR <input type="checkbox"/> 5 - BACKING <input type="checkbox"/> 6 - ANGLE <input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 - OTHER / UNKNOWN		<b>DIRECTION OF TRAVEL</b> <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		<b>MEDIAN TYPE</b> <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) <input type="checkbox"/> 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		<b>WORK ZONE TYPE</b> 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA		<b>CONTOUR</b> <input checked="" type="checkbox"/> 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN		<b>CONDITIONS</b> <input checked="" type="checkbox"/> 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN		<b>SURFACE</b> <input checked="" type="checkbox"/> 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN				
<b>LIGHT CONDITION</b> <input checked="" type="checkbox"/> 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		<b>WEATHER</b> <input checked="" type="checkbox"/> 2 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		<b>NARRATIVE</b> UNIT 01 WAS TRAVELING SOUTH BOUND SPRING VALLEY RD. AND STRUCK UNIT 01, BUT FAILED TO STOP. UNIT 01 WAS A TRACTOR PULLING AN IMPLEMENT POSSIBLY A DISC AND STRUCK THE MIRROR, LAWN EQUIPMENT, AND TRILER OF UNIT 02.										
<b>CRASH REPORTED DATE / TIME</b> 06/24/2019 12:15		<b>DISPATCH DATE / TIME</b> 06/24/2019 12:20		<b>ARRIVAL DATE / TIME</b> 06/24/2019 12:37		<b>SCENE CLEARED DATE / TIME</b> 06/24/2019 13:16		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST						
<b>TOTAL TIME ROADWAY CLOSED</b> _____		<b>OTHER INVESTIGATION TIME</b> _____		<b>TOTAL MINUTES</b> 56		<b>OFFICER'S NAME*</b> DEPUTY MW TALBERT		<b>CHECKED BY OFFICER'S NAME*</b> Huddleston, Bryan						
<b>OFFICER'S BADGE NUMBER*</b> 34		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 7		<input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small>										

Not To Scale

**UNIT #** 1 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
UNKNOWN,  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
UNKNOWN, LONDON, OH, 43140  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP  
**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** **LICENSE PLATE #** **VEHICLE IDENTIFICATION #** **VEHICLE YEAR** **VEHICLE MAKE**  
**INSURANCE VERIFIED** **INSURANCE COMPANY** **INSURANCE POLICY #** **COLOR** **VEHICLE MODEL**  
**TYPE OF USE** **US DOT #** **TOWED BY:** COMPANY NAME  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
**INTERLOCK DEVICE EQUIPPED**  HIT/SKIP UNIT **# OCCUPANTS** **VEHICLE WEIGHT GVWR/GCWR**  
 1 **1 - ≤10K LBS.**  
 2 **2 - 10.001 - 26K LBS.**  
 3 **3 - > 26K LBS.**  
**HAZARDOUS MATERIAL** **CLASS #** **PLACARD ID #**  
 MATERIAL  RELEASED  PLACARD

**UNIT TYPE** 16  
**# OF TRAILING UNITS** 1  
**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2  
1 - YES 2 - NO 9 - OTHER / UNKNOWN  
**AUTONOMOUS MODE LEVEL** 0  
0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN  
**SPECIAL FUNCTION** 16  
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** 99  
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  
**PRE-CRASH ACTIONS** 1  
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 OR CROSSING 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** 7  
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

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<b>UNIT #</b> 2	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) FARLEY, ALAN, E	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) 614-374-1846
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 5965 HARRISBURG GEORGESVILLE RD. LOT 72, GROVE CITY, OH, 43123		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> HMN1045	<b>VEHICLE IDENTIFICATION #</b> 1GNET16P246129696	<b>VEHICLE YEAR</b> 2004	<b>VEHICLE MAKE</b> CHEVROLET
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> PROGRESSIVE	<b>INSURANCE POLICY #</b> 930489117	<b>COLOR</b> RED	<b>VEHICLE MODEL</b> TRAILBLAZER
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 1	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
<b>TYPE OF USE</b>		<b>VEHICLE WEIGHT GVWR/GCWR</b>	<b>CLASS #</b> <b>PLACARD ID #</b>	
<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		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	
<b>UNIT TYPE</b> 4		<b># OF TRAILING UNITS</b> 1		

<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - OTHER/UNKNOWN
2	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
<b>AUTONOMOUS MODE LEVEL</b>			
1	1 - NONE	2 - TAXI	3 - ELECTRONIC RIDE SHARING
<b>SPECIAL FUNCTION</b>		4 - SCHOOL TRANSPORT	5 - BUS - TRANSIT/COMMUTER
<b>CARGO BODY TYPE</b>		6 - BUS - CHARTER/TOUR	7 - BUS - INTERCITY
<b>VEHICLE DEFECTS</b>		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
		22 - MILITARY	23 - POLICE
		24 - PUBLIC UTILITY	25 - CONSTRUCTION EQUIP.
		26 - FARM	27 - MOWING
		28 - SNOW REMOVAL	29 - TOWING
		30 - SAFETY SERVICE PATROL	31 - MAIL CARRIER
		32 - MILITARY	33 - POLICE
		34 - PUBLIC UTILITY	35 - CONSTRUCTION EQUIP.
		36 - FARM	37 - MOWING
		38 - SNOW REMOVAL	39 - TOWING
		40 - SAFETY SERVICE PATROL	41 - MAIL CARRIER
		42 - MILITARY	43 - POLICE
		44 - PUBLIC UTILITY	45 - CONSTRUCTION EQUIP.
		46 - FARM	47 - MOWING
		48 - SNOW REMOVAL	49 - TOWING
		50 - SAFETY SERVICE PATROL	51 - MAIL CARRIER
		52 - MILITARY	53 - POLICE
		54 - PUBLIC UTILITY	55 - CONSTRUCTION EQUIP.
		56 - FARM	57 - MOWING
		58 - SNOW REMOVAL	59 - TOWING
		60 - SAFETY SERVICE PATROL	61 - MAIL CARRIER
		62 - MILITARY	63 - POLICE
		64 - PUBLIC UTILITY	65 - CONSTRUCTION EQUIP.
		66 - FARM	67 - MOWING
		68 - SNOW REMOVAL	69 - TOWING
		70 - SAFETY SERVICE PATROL	71 - MAIL CARRIER
		72 - MILITARY	73 - POLICE
		74 - PUBLIC UTILITY	75 - CONSTRUCTION EQUIP.
		76 - FARM	77 - MOWING
		78 - SNOW REMOVAL	79 - TOWING
		80 - SAFETY SERVICE PATROL	81 - MAIL CARRIER
		82 - MILITARY	83 - POLICE
		84 - PUBLIC UTILITY	85 - CONSTRUCTION EQUIP.
		86 - FARM	87 - MOWING
		88 - SNOW REMOVAL	89 - TOWING
		90 - SAFETY SERVICE PATROL	91 - MAIL CARRIER
		92 - MILITARY	93 - POLICE
		94 - PUBLIC UTILITY	95 - CONSTRUCTION EQUIP.
		96 - FARM	97 - MOWING
		98 - SNOW REMOVAL	99 - TOWING

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

<b>SEQUENCE OF EVENTS</b>	<b>EVENTS</b>
1	20 - OVERTURN/ROLLOVER
2	1 - FIRE/EXPLOSION
3	2 - IMMERSION
4	3 - JACKKNIFE
5	4 - CARGO / EQUIPMENT LOSS OR SHIFT
6	5 - EQUIPMENT FAILURE
7	6 - SEPARATION OF UNITS
8	7 - RAN OFF ROAD RIGHT
9	8 - RAN OFF ROAD LEFT
10	9 - CROSS MEDIAN
11	10 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
12	11 - DOWNHILL RUNAWAY
13	12 - OTHER NON-COLLISION
14	13 - PEDESTRIAN
15	14 - PEDALCYCLE
16	15 - RAILWAY VEHICLE
17	16 - ANIMAL - FARM
18	17 - ANIMAL - DEER
19	18 - ANIMAL - OTHER
20	19 - MOTOR VEHICLE IN TRANSPORT
21	20 - PARKED MOTOR VEHICLE
22	21 - WORK ZONE MAINTENANCE EQUIPMENT
23	22 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24	23 - OTHER MOVABLE OBJECT
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>	
25	24 - IMPACT ATTENUATOR / CRASH CUSHION
26	25 - BRIDGE OVERHEAD STRUCTURE
27	26 - BRIDGE PIER OR ABUTMENT
28	27 - BRIDGE PARAPET
29	28 - BRIDGE RAIL
30	29 - GUARDRAIL FACE
31	30 - GUARDRAIL END
32	31 - PORTABLE BARRIER
33	32 - MEDIAN CABLE BARRIER
34	33 - MEDIAN GUARDRAIL BARRIER
35	34 - MEDIAN CONCRETE BARRIER
36	35 - MEDIAN OTHER BARRIER
37	36 - TRAFFIC SIGN POST
38	37 - OVERHEAD SIGN POST
39	38 - LIGHT / LUMINARIES SUPPORT
40	39 - UTILITY POLE
41	40 - OTHER POST, POLE OR SUPPORT
42	41 - CULVERT
43	42 - CURB
44	43 - DITCH
45	44 - EMBANKMENT
46	45 - FENCE
47	46 - MAILBOX
48	47 - TREE
49	48 - FIRE HYDRANT
50	49 - WORK ZONE MAINTENANCE EQUIPMENT
51	50 - WALL
52	51 - BUILDING
53	52 - TUNNEL
54	53 - OTHER FIXED OBJECT
55	54 - OTHER / UNKNOWN
<b>FIRST HARMFUL EVENT</b> <b>MOST HARMFUL EVENT</b>	
1	1

**LOCAL REPORT NUMBER**

19-0988-06

**DAMAGE**

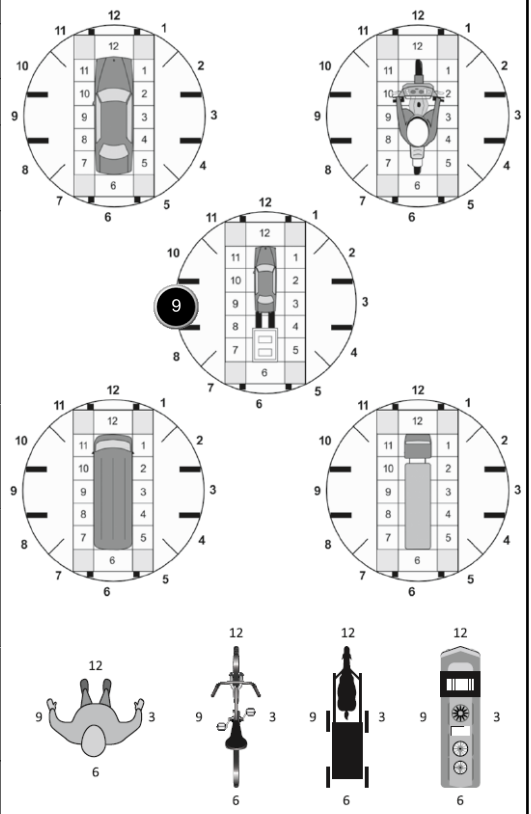
**DAMAGE SCALE**

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

2

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY



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

**INITIAL POINT OF CONTACT**

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

9

**TRAFFIC**

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

**UNIT / NON-MOTORIST DIRECTION**

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

FROM 2 TO 1

**UNIT SPEED**

0

**DETECTED SPEED**

1 - STATED / ESTIMATED SPEED

**POSTED SPEED**

45

2 - CALCULATED / EDR

3 - UNDETERMINED



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
19-0988-06

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

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

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