

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*  
2024000000282

|   |            |   |  |   |  |  |                           |  |   |  |  |                      |  |  |  |
|---|------------|---|--|---|--|--|---------------------------|--|---|--|--|----------------------|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |            | <input type="checkbox"/> OH -2<br><input type="checkbox"/> OH -1P<br><input type="checkbox"/> PRIVATE PROPERTY                                    |  | <input checked="" type="checkbox"/> OH -3<br><input type="checkbox"/> OTHER   |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br>MADISON COUNTY SHERIFF   |                           | NCIC *<br>04900  |   | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   |  | NUMBER OF UNITS<br>2 |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN |  |
| COUNTY*<br>49   |            | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>3   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>DEER CREEK (TOWNSHIP OF)  |  | CRASH DATE / TIME*<br>02/21/2024 15:09   |                           | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                         |   |  |  |                      |  |  |  |
| LOCATION  | ROUTE TYPE | ROUTE NUMBER  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME  |  | ROAD TYPE  | LATITUDE DECIMAL DEGREES  |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |  |  |                      |  |  |  |
|   | ROUTE TYPE | ROUTE NUMBER  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)   |  | ROAD TYPE  | LONGITUDE DECIMAL DEGREES |  |   | NUMBER OF APPROACHES   |  |                      |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3  |            | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>1   |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                               |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS  |                           | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   |   | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY  |  |                      |  |  |  |
| DISTANCE FROM REFERENCE<br>66.00  |            | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>3   |  | 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 |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>7 |                           | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |   | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |  |                      |  |  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE |            | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA       |  | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER /UNKNOWN   |                           | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN |   | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN   |  |                      |  |  |  |
| LIGHT CONDITION<br>1<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN       |            | WEATHER<br>1<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL  |  | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN  |  | NARRATIVE<br>Unit 1 was traveling South on Spring Valley Road while Unit 2 was traveling North. Both Units sideswiped causing damage to both drivers side mirrors.   |                           |  |   |  |  |                      |  |  |  |
|   |            |   |  |   |  | CRASH REPORTED DATE / TIME: 02/21/2024 15:09<br>DISPATCH DATE / TIME: 02/21/2024 15:18<br>ARRIVAL DATE / TIME: 02/21/2024 15:18<br>SCENE CLEARED DATE / TIME: 02/21/2024 15:55   |                           |  |   |  |  |                      |  |  |  |
| TOTAL TIME ROADWAY CLOSED: 0  |            | OTHER INVESTIGATION TIME: 0   |  | TOTAL MINUTES: 37   |  | OFFICER'S NAME*<br>ESTEP, PRESTON C  |                           | CHECKED BY OFFICER'S NAME*<br>GIBSON, JACOB L  |   | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |  |                      |  |  |  |
|   |            |   |  | OFFICER'S BADGE NUMBER*<br>000041   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>000011   |                           | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)   |   |  |  |                      |  |  |  |

|  |  |  |
|--|--|--|
| <b>UNIT #</b><br>1   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)<br>TRAVIS TRANSPORT INC, | <b>OWNER PHONE:</b> INCLUDE AREA CODE (☐ SAME AS DRIVER) |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)<br>910 WEST JEFFERSON-KIOUSVILLE SE RD, JEFFERSON TWP, OH, 43162 |  |  |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP<br>TRAVIS TRANSPORT INC, 910 WEST JEFFERSON-KIOUSVILLE                  |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE       |

|  |  |  |  |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
|--|--|--|--|--|---|------------------------|-------------------------|-------------------|----------------------------|------------------------|----------------------------------|---------------------------------|-----------------------------------|-----------------------|--|----------------------------|----------------|---------------------------|--------------------------|------------------------|---------------------|-------------------------|---------------------|-------------|----------------------------|-------------------|--------------------------|----------------------------|--|---------------|---------------------------------|---------------------|--|------------|--|--|------------------------------------|----------------|--------------------------|--|
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>PMJ5057                        | <b>VEHICLE IDENTIFICATION #</b><br>3AKGGED50FSGG8929 | <b>VEHICLE YEAR</b><br>2015                              | <b>VEHICLE MAKE</b><br>FREIGHTLINER            |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>PROTECTIVE INSURANCE COMP    | <b>INSURANCE POLICY #</b><br>IL000056                | <b>COLOR</b><br>WHI                                      | <b>VEHICLE MODEL</b><br>CASCADIA               |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| <input checked="" 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 checked="" type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b><br>1                              | <b>HAZARDOUS MATERIAL</b><br>CLASS # <b>PLACARD ID #</b> |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| <b>VEHICLE WEIGHT GVWR/GCWR</b><br>2 <b>1 - ≤10K LBS.</b><br><b>2 - 10.001 - 26K LBS.</b><br><b>3 - &gt; 26K LBS.</b>  |  |  |  |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| <table border="0"> <tr> <td>15 <b>UNIT TYPE</b></td> <td>1 - PASSENGER CAR</td> <td>6 - VAN (9-15 SEATS)</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN/SKATER</td> </tr> <tr> <td></td> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td></td> <td>3 - SPORT UTILITY VEHICLE</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td></td> <td>4 - PICK UP</td> <td>9 - AUTOCYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td></td> <td>5 - CARGO VAN</td> <td>10 - MOPED OR MOTORIZED BICYCLE</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td></td> <td></td> <td>11 - ALL TERRAIN VEHICLE (ATV/UTV)</td> <td>17 - MOTORHOME</td> <td>99 - UNKNOWN OR HIT/SKIP</td> <td></td> </tr> </table> |  |  |  |  | 15 <b>UNIT TYPE</b>                     | 1 - PASSENGER CAR      | 6 - VAN (9-15 SEATS)    | 12 - GOLF CART    | 18 - LIMO (LIVERY VEHICLE) | 23 - PEDESTRIAN/SKATER |                                  | 2 - PASSENGER VAN (MINIVAN)     | 7 - MOTORCYCLE 2-WHEELED          | 13 - SNOWMOBILE       | 19 - BUS (16+ PASSENGERS)                | 24 - WHEELCHAIR (ANY TYPE) |                | 3 - SPORT UTILITY VEHICLE | 8 - MOTORCYCLE 3-WHEELED | 14 - SINGLE UNIT TRUCK | 20 - OTHER VEHICLE  | 25 - OTHER NON-MOTORIST |                     | 4 - PICK UP | 9 - AUTOCYCLE              | 15 - SEMI-TRACTOR | 21 - HEAVY EQUIPMENT     | 26 - BICYCLE               |  | 5 - CARGO VAN | 10 - MOPED OR MOTORIZED BICYCLE | 16 - FARM EQUIPMENT | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN |  |  | 11 - ALL TERRAIN VEHICLE (ATV/UTV) | 17 - MOTORHOME | 99 - UNKNOWN OR HIT/SKIP |  |
| 15 <b>UNIT TYPE</b>  | 1 - PASSENGER CAR  | 6 - VAN (9-15 SEATS)                                 | 12 - GOLF CART   | 18 - LIMO (LIVERY VEHICLE)                     | 23 - PEDESTRIAN/SKATER                  |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
|  | 2 - PASSENGER VAN (MINIVAN)                              | 7 - MOTORCYCLE 2-WHEELED                             | 13 - SNOWMOBILE  | 19 - BUS (16+ PASSENGERS)                      | 24 - WHEELCHAIR (ANY TYPE)              |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
|  | 3 - SPORT UTILITY VEHICLE                                | 8 - MOTORCYCLE 3-WHEELED                             | 14 - SINGLE UNIT TRUCK                                   | 20 - OTHER VEHICLE                             | 25 - OTHER NON-MOTORIST                 |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
|  | 4 - PICK UP  | 9 - AUTOCYCLE  | 15 - SEMI-TRACTOR  | 21 - HEAVY EQUIPMENT                           | 26 - BICYCLE                            |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
|  | 5 - CARGO VAN  | 10 - MOPED OR MOTORIZED BICYCLE                      | 16 - FARM EQUIPMENT                                      | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN                              |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
|  |  | 11 - ALL TERRAIN VEHICLE (ATV/UTV)                   | 17 - MOTORHOME   | 99 - UNKNOWN OR HIT/SKIP                       |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| <b># OF TRAILING UNITS</b><br>1  |  |  |  |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>   |  |  |  |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| <table border="0"> <tr> <td>1 - YES</td> <td>2 - NO</td> <td>9 - OTHER / UNKNOWN</td> <td>0 - NO AUTOMATION</td> <td>3 - CONDITIONAL AUTOMATION</td> <td>9 - OTHER/UNKNOWN</td> </tr> <tr> <td></td> <td></td> <td></td> <td>1 - DRIVER ASSISTANCE</td> <td>4 - HIGH AUTOMATION</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>2 - PARTIAL AUTOMATION</td> <td>5 - FULL AUTOMATION</td> <td></td> </tr> </table>  |  |  |  |  | 1 - YES                                 | 2 - NO                 | 9 - OTHER / UNKNOWN     | 0 - NO AUTOMATION | 3 - CONDITIONAL AUTOMATION | 9 - OTHER/UNKNOWN      |                                  |                                 |                                   | 1 - DRIVER ASSISTANCE | 4 - HIGH AUTOMATION                      |                            |                |                           |                          | 2 - PARTIAL AUTOMATION | 5 - FULL AUTOMATION |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| 1 - YES  | 2 - NO   | 9 - OTHER / UNKNOWN                                  | 0 - NO AUTOMATION  | 3 - CONDITIONAL AUTOMATION                     | 9 - OTHER/UNKNOWN                       |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
|  |  |  | 1 - DRIVER ASSISTANCE                                    | 4 - HIGH AUTOMATION                            |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
|  |  |  | 2 - PARTIAL AUTOMATION                                   | 5 - FULL AUTOMATION                            |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| <b>SPECIAL FUNCTION</b>  |  |  |  |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| <table border="0"> <tr> <td>1 - NONE</td> <td>6 - BUS - CHARTER/TOUR</td> <td>11 - FIRE</td> <td>16 - FARM</td> <td>21 - MAIL CARRIER</td> </tr> <tr> <td>2 - TAXI</td> <td>7 - BUS - INTERCITY</td> <td>12 - MILITARY</td> <td>17 - MOWING</td> <td>99 - OTHER / UNKNOWN</td> </tr> <tr> <td>3 - ELECTRONIC RIDE SHARING</td> <td>8 - BUS - SHUTTLE</td> <td>13 - POLICE</td> <td>18 - SNOW REMOVAL</td> <td></td> </tr> <tr> <td>4 - SCHOOL TRANSPORT</td> <td>9 - BUS - OTHER</td> <td>14 - PUBLIC UTILITY</td> <td>19 - TOWING</td> <td></td> </tr> <tr> <td>5 - BUS - TRANSIT/COMMUTER</td> <td>10 - AMBULANCE</td> <td>15 - CONSTRUCTION EQUIP.</td> <td>20 - SAFETY SERVICE PATROL</td> <td></td> </tr> </table>  |  |  |  |  | 1 - NONE                                | 6 - BUS - CHARTER/TOUR | 11 - FIRE               | 16 - FARM         | 21 - MAIL CARRIER          | 2 - TAXI               | 7 - BUS - INTERCITY              | 12 - MILITARY                   | 17 - MOWING                       | 99 - OTHER / UNKNOWN  | 3 - ELECTRONIC RIDE SHARING              | 8 - BUS - SHUTTLE          | 13 - POLICE    | 18 - SNOW REMOVAL         |                          | 4 - SCHOOL TRANSPORT   | 9 - BUS - OTHER     | 14 - PUBLIC UTILITY     | 19 - TOWING         |             | 5 - BUS - TRANSIT/COMMUTER | 10 - AMBULANCE    | 15 - CONSTRUCTION EQUIP. | 20 - SAFETY SERVICE PATROL |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| 1 - NONE   | 6 - BUS - CHARTER/TOUR                                   | 11 - FIRE  | 16 - FARM  | 21 - MAIL CARRIER                              |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| 2 - TAXI   | 7 - BUS - INTERCITY                                      | 12 - MILITARY  | 17 - MOWING  | 99 - OTHER / UNKNOWN                           |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| 3 - ELECTRONIC RIDE SHARING  | 8 - BUS - SHUTTLE  | 13 - POLICE  | 18 - SNOW REMOVAL  |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| 4 - SCHOOL TRANSPORT   | 9 - BUS - OTHER  | 14 - PUBLIC UTILITY                                  | 19 - TOWING  |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| 5 - BUS - TRANSIT/COMMUTER   | 10 - AMBULANCE   | 15 - CONSTRUCTION EQUIP.                             | 20 - SAFETY SERVICE PATROL                               |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| <b>CARGO BODY TYPE</b>   |  |  |  |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
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| 1 - NO CARGO BODY TYPE / NOT APPLICABLE  | 4 - LOGGING  | 7 - GRAIN/CHIPS/GRAVEL                               | 11 - DUMP  | 99 - OTHER / UNKNOWN                           |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| 2 - BUS  | 5 - INTERMODAL CONTAINER CHASSIS                         | 8 - POLE   | 12 - CONCRETE MIXER                                      |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE   | 6 - CARGOVAN /ENCLOSED BOX                               | 9 - CARGO TANK                                       | 13 - AUTO TRANSPORTER                                    |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
|  |  | 10 - FLAT BED  | 14 - GARBAGE/REFUSE                                      |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| <b>VEHICLE DEFECTS</b>   |  |  |  |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
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| 1 - TURN SIGNALS   | 4 - BRAKES   | 7 - WORN OR SLICK TIRES                              | 9 - MOTOR TROUBLE  | 99 - OTHER / UNKNOWN                           |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
| 2 - HEAD LAMPS   | 5 - STEERING   | 8 - TRAILER EQUIPMENT DEFECTIVE                      | 10 - DISABLED FROM PRIOR ACCIDENT                        |  |   |                        |                         |                   |                            |                        |                                  |                                 |                                   |                       |  |                            |                |                           |                          |                        |                     |                         |                     |             |                            |                   |                          |                            |  |               |                                 |                     |  |            |  |  |                                    |                |                          |  |
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|  |                                  |  |   |  |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
|--|----------------------------------|--|---|--|-------------------------------------|---------------------------------|--|---|--|---------------------------------------|----------------------------------|----------------------------------|--------------------------------------|----------------------------|--------------------------|-----------------------|------------------------------------|--|--|-------------------|------------------------|-----------------|-------------------------------------|--|----------------------------|-----------------------|--------------------------|----------------------|--|---------------------|----------------------|--|-------------------------|--|--------------------|-------------------|--|--|--|--|---------------------------|--|--|--|
| <b>NON-MOTORIST LOCATION AT IMPACT</b>   |                                  |  |   |  |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
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| 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>  |                                  |  |   |  |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
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| 1 - NON-CONTACT  | 1 - STRAIGHT AHEAD               | 9 - LEAVING TRAFFIC LANE                     | 15 - WALKING, RUNNING, JOGGING, PLAYING | 21 - STANDING OUTSIDE DISABLED VEHICLE |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
| 2 - NON-COLLISION  | 2 - BACKING                      | 10 - PARKED                                  | 16 - WORKING                            | 99 - OTHER / UNKNOWN                   |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
| 3 - STRIKING   | 3 - CHANGING LANES               | 11 - SLOWING OR STOPPED IN TRAFFIC           | 17 - PUSHING VEHICLE                    |  |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
| 4 - STRUCK   | 4 - OVERTAKING/PASSING           | 12 - DRIVERLESS                              | 18 - APPROACHING OR LEAVING VEHICLE     |  |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
| 5 - BOTH STRIKING & STRUCK   | 5 - MAKING RIGHT TURN            | 13 - NEGOTIATING A CURVE                     | 19 - STANDING                           |  |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
| 9 - OTHER / UNKNOWN  | 6 - MAKING LEFT TURN             | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 20 - OTHER NON-MOTORIST                 |  |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
|  | 7 - MAKING U-TURN                |  |   |  |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
|  | 8 - ENTERING TRAFFIC LANE        |  |   |  |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
| <b>CONTRIBUTING CIRCUMSTANCES</b>  |                                  |  |   |  |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
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| 2 - FAILURE TO YIELD   | 9 - IMPROPER LANE CHANGE         | 14 - STOPPED OR PARKED ILLEGALLY             | 19 - LOAD SHIFTING /FALLING/SPILLING    | 99 - OTHER IMPROPER ACTION             |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
| 3 - RAN RED LIGHT  | 10 - IMPROPER PASSING            | 15 - SWERVING TO AVOID                       | 20 - IMPROPER CROSSING                  |  |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
| 4 - RAN STOP SIGN  | 11 - DROVE OFF ROAD              | 16 - WRONG WAY                               | 21 - LYING IN ROADWAY                   |  |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
| 5 - UNSAFE SPEED   | 12 - IMPROPER BACKING            | 17 - VISION OBSTRUCTION                      | 22 - NOT DISCERNIBLE                    |  |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
| 6 - IMPROPER TURN  |                                  |  |   |  |                                     |                                 |  |   |  |                                       |                                  |                                  |                                      |                            |                          |                       |                                    |  |  |                   |                        |                 |                                     |  |                            |                       |                          |                      |  |                     |                      |  |                         |  |                    |                   |  |  |  |  |                           |  |  |  |
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|  |                                     |  |                                      |                                      |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
|--|-------------------------------------|--|--------------------------------------|--------------------------------------|---|-----------------------|-------------------------|-----------------------|---------------------|---|-----------------------|---------------------------------|------------------------|--------------------------|---------------------------------|---------------------------|-------------------|---------------|-------------------------|---------------------|-------------------------------|----------------------------------|-----------|----------------------|-------------------|------------------------------|--------------------------------------|-------------------|---|-------------------------------------|--|----------------------|--------------------------------------|--|---|------------------------|------------|--------------------|--|--|--|--|--|--------------------|--|--|
| <b>SEQUENCE OF EVENTS</b>  |                                     |  |                                      |                                      |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
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| 1 <b>20</b>  | 1 - OVERTURN/ROLLOVER               | 7 - SEPARATION OF UNITS                              | 12 - DOWNHILL RUNAWAY                | 19 - ANIMAL - OTHER                  | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
| 2  | 2 - FIRE/EXPLOSION                  | 8 - RAN OFF ROAD RIGHT                               | 13 - OTHER NON-COLLISION             | 20 - MOTOR VEHICLE IN TRANSPORT      | 24 - OTHER MOVABLE OBJECT   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
| 3  | 3 - IMMERSION                       | 9 - RAN OFF ROAD LEFT                                | 14 - PEDESTRIAN                      | 21 - PARKED MOTOR VEHICLE            |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
| 4  | 4 - JACKKNIFE                       | 10 - CROSS MEDIAN                                    | 15 - PEDALCYCLE                      | 22 - WORK ZONE MAINTENANCE EQUIPMENT |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
| 5  | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE                 |                                      |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
| 6  | 6 - EQUIPMENT FAILURE               |  | 17 - ANIMAL - FARM                   |                                      |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
|  |                                     |  | 18 - ANIMAL - DEER                   |                                      |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b>  |                                     |  |                                      |                                      |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
| <table border="0"> <tr> <td>25 - IMPACT ATTENUATOR / CRASH CUSHION</td> <td>31 - GUARDRAIL END</td> <td>38 - OVERHEAD SIGN POST</td> <td>45 - EMBANKMENT</td> <td>52 - BUILDING</td> </tr> <tr> <td>26 - BRIDGE OVERHEAD STRUCTURE</td> <td>32 - PORTABLE BARRIER</td> <td>39 - LIGHT / LUMINARIES SUPPORT</td> <td>46 - FENCE</td> <td>53 - TUNNEL</td> </tr> <tr> <td>27 - BRIDGE PIER OR ABUTMENT</td> <td>33 - MEDIAN CABLE BARRIER</td> <td>40 - UTILITY POLE</td> <td>47 - MAILBOX</td> <td>54 - OTHER FIXED OBJECT</td> </tr> <tr> <td>28 - BRIDGE PARAPET</td> <td>34 - MEDIAN GUARDRAIL BARRIER</td> <td>41 - OTHER POST, POLE OR SUPPORT</td> <td>48 - TREE</td> <td>99 - OTHER / UNKNOWN</td> </tr> <tr> <td>29 - BRIDGE RAIL</td> <td>35 - MEDIAN CONCRETE BARRIER</td> <td>42 - CULVERT</td> <td>49 - FIRE HYDRANT</td> <td></td> </tr> <tr> <td>30 - GUARDRAIL FACE</td> <td>36 - MEDIAN OTHER BARRIER</td> <td>43 - CURB</td> <td>50 - WORK ZONE MAINTENANCE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>37 - TRAFFIC SIGN POST</td> <td>44 - DITCH</td> <td>51 - WALL</td> <td></td> </tr> </table>  |                                     |  |                                      |                                      | 25 - IMPACT ATTENUATOR / CRASH CUSHION  | 31 - GUARDRAIL END    | 38 - OVERHEAD SIGN POST | 45 - EMBANKMENT       | 52 - BUILDING       | 26 - BRIDGE OVERHEAD STRUCTURE  | 32 - PORTABLE BARRIER | 39 - LIGHT / LUMINARIES SUPPORT | 46 - FENCE             | 53 - TUNNEL              | 27 - BRIDGE PIER OR ABUTMENT    | 33 - MEDIAN CABLE BARRIER | 40 - UTILITY POLE | 47 - MAILBOX  | 54 - OTHER FIXED OBJECT | 28 - BRIDGE PARAPET | 34 - MEDIAN GUARDRAIL BARRIER | 41 - OTHER POST, POLE OR SUPPORT | 48 - TREE | 99 - OTHER / UNKNOWN | 29 - BRIDGE RAIL  | 35 - MEDIAN CONCRETE BARRIER | 42 - CULVERT                         | 49 - FIRE HYDRANT |   | 30 - GUARDRAIL FACE                 | 36 - MEDIAN OTHER BARRIER                            | 43 - CURB            | 50 - WORK ZONE MAINTENANCE EQUIPMENT |  |   | 37 - TRAFFIC SIGN POST | 44 - DITCH | 51 - WALL          |  |  |  |  |  |                    |  |  |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION   | 31 - GUARDRAIL END                  | 38 - OVERHEAD SIGN POST                              | 45 - EMBANKMENT                      | 52 - BUILDING                        |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
| 26 - BRIDGE OVERHEAD STRUCTURE   | 32 - PORTABLE BARRIER               | 39 - LIGHT / LUMINARIES SUPPORT                      | 46 - FENCE                           | 53 - TUNNEL                          |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
| 27 - BRIDGE PIER OR ABUTMENT   | 33 - MEDIAN CABLE BARRIER           | 40 - UTILITY POLE                                    | 47 - MAILBOX                         | 54 - OTHER FIXED OBJECT              |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
| 28 - BRIDGE PARAPET  | 34 - MEDIAN GUARDRAIL BARRIER       | 41 - OTHER POST, POLE OR SUPPORT                     | 48 - TREE                            | 99 - OTHER / UNKNOWN                 |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
| 29 - BRIDGE RAIL   | 35 - MEDIAN CONCRETE BARRIER        | 42 - CULVERT   | 49 - FIRE HYDRANT                    |                                      |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
| 30 - GUARDRAIL FACE  | 36 - MEDIAN OTHER BARRIER           | 43 - CURB  | 50 - WORK ZONE MAINTENANCE EQUIPMENT |                                      |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
|  | 37 - TRAFFIC SIGN POST              | 44 - DITCH   | 51 - WALL                            |                                      |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |
| <b>FIRST HARMFUL EVENT</b> 1 <b>MOST HARMFUL EVENT</b> 1   |                                     |  |                                      |                                      |   |                       |                         |                       |                     |   |                       |                                 |                        |                          |                                 |                           |                   |               |                         |                     |                               |                                  |           |                      |                   |                              |                                      |                   |   |                                     |  |                      |                                      |  |   |                        |            |                    |  |  |  |  |  |                    |  |  |

|   |   |                  |                              |                               |                           |                |               |             |                |                     |  |
|---|---|------------------|------------------------------|-------------------------------|---------------------------|----------------|---------------|-------------|----------------|---------------------|--|
| <b>LOCAL REPORT NUMBER</b><br>2024000000282   |   |                  |                              |                               |                           |                |               |             |                |                     |  |
| <b>DAMAGE</b>   |   |                  |                              |                               |                           |                |               |             |                |                     |  |
| <b>DAMAGE SCALE</b>   |   |                  |                              |                               |                           |                |               |             |                |                     |  |
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| 1 - NONE  | 3 - FUNCTIONAL DAMAGE   |                  |                              |                               |                           |                |               |             |                |                     |  |
| 2 - MINOR DAMAGE  | 4 - DISABLING DAMAGE  |                  |                              |                               |                           |                |               |             |                |                     |  |
| 9 - UNKNOWN   |   |                  |                              |                               |                           |                |               |             |                |                     |  |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY   |   |                  |                              |                               |                           |                |               |             |                |                     |  |
|   |   |                  |                              |                               |                           |                |               |             |                |                     |  |
| <input type="checkbox"/> <b>NO DAMAGE</b> [ 0 ] <input type="checkbox"/> <b>UNDERCARRIAGE</b> [ 14 ]<br><input type="checkbox"/> <b>TOP</b> [ 13 ] <input type="checkbox"/> <b>ALL AREAS</b> [ 15 ]<br><input type="checkbox"/> <b>UNIT NOT AT SCENE</b> [ 16 ]                                   |   |                  |                              |                               |                           |                |               |             |                |                     |  |
| <b>INITIAL POINT OF CONTACT</b>   |   |                  |                              |                               |                           |                |               |             |                |                     |  |
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| 13 - TOP  | 99 - UNKNOWN  |                  |                              |                               |                           |                |               |             |                |                     |  |
| <b>TRAFFIC</b>  |   |                  |                              |                               |                           |                |               |             |                |                     |  |
| <b>TRAFFICWAY FLOW</b>  | <b>TRAFFIC CONTROL</b>  |                  |                              |                               |                           |                |               |             |                |                     |  |
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| 1 - ONE-WAY   | 1 - ROUNDABOUT  | 4 - STOP SIGN    |                              |                               |                           |                |               |             |                |                     |  |
| 2 - TWO-WAY   | 2 - SIGNAL  | 5 - YIELD SIGN   |                              |                               |                           |                |               |             |                |                     |  |
|   | 3 - FLASHER   | 6 - NO CONTROL   |                              |                               |                           |                |               |             |                |                     |  |
| <b># OF THROUGH LANES ON ROAD</b>   | <b>RAIL GRADE CROSSING</b>  |                  |                              |                               |                           |                |               |             |                |                     |  |
| 1   | <table border="0"> <tr> <td>1 - NOT INVOLVED</td> </tr> <tr> <td>2 - INVOLVED-ACTIVE CROSSING</td> </tr> <tr> <td>3 - INVOLVED-PASSIVE CROSSING</td> </tr> </table> | 1 - NOT INVOLVED | 2 - INVOLVED-ACTIVE CROSSING | 3 - INVOLVED-PASSIVE CROSSING |                           |                |               |             |                |                     |  |
| 1 - NOT INVOLVED  |   |                  |                              |                               |                           |                |               |             |                |                     |  |
| 2 - INVOLVED-ACTIVE CROSSING  |   |                  |                              |                               |                           |                |               |             |                |                     |  |
| 3 - INVOLVED-PASSIVE CROSSING   |   |                  |                              |                               |                           |                |               |             |                |                     |  |
| <b>UNIT / NON-MOTORIST DIRECTION</b>  |   |                  |                              |                               |                           |                |               |             |                |                     |  |
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| 1 - NORTH   | 5 - NORTHEAST   |                  |                              |                               |                           |                |               |             |                |                     |  |
| 2 - SOUTH   | 6 - NORTHWEST   |                  |                              |                               |                           |                |               |             |                |                     |  |
| 3 - EAST  | 7 - SOUTHEAST   |                  |                              |                               |                           |                |               |             |                |                     |  |
| 4 - WEST  | 8 - SOUTHWEST   |                  |                              |                               |                           |                |               |             |                |                     |  |
| 9 - OTHER / UNKNOWN   |   |                  |                              |                               |                           |                |               |             |                |                     |  |
| <b>UNIT SPEED</b>   | <b>DETECTED SPEED</b>   |                  |                              |                               |                           |                |               |             |                |                     |  |
| 25  | 1 - STATED / ESTIMATED SPEED  |                  |                              |                               |                           |                |               |             |                |                     |  |
| <b>POSTED SPEED</b>   | 2 - CALCULATED / EDR  |                  |                              |                               |                           |                |               |             |                |                     |  |
| 55  | 3 - UNDETERMINED  |                  |                              |                               |                           |                |               |             |                |                     |  |

**OWNER**

**UNIT #** 2 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
LONDON CITY SCHOOLS,  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
380 ELM ST, LONDON, OH, 43140  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

**LP STATE** OH **LICENSE PLATE #** Q08794 **VEHICLE IDENTIFICATION #** 1BAKJCSA6LF366022 **VEHICLE YEAR** 2020 **VEHICLE MAKE** BLUE BIRD

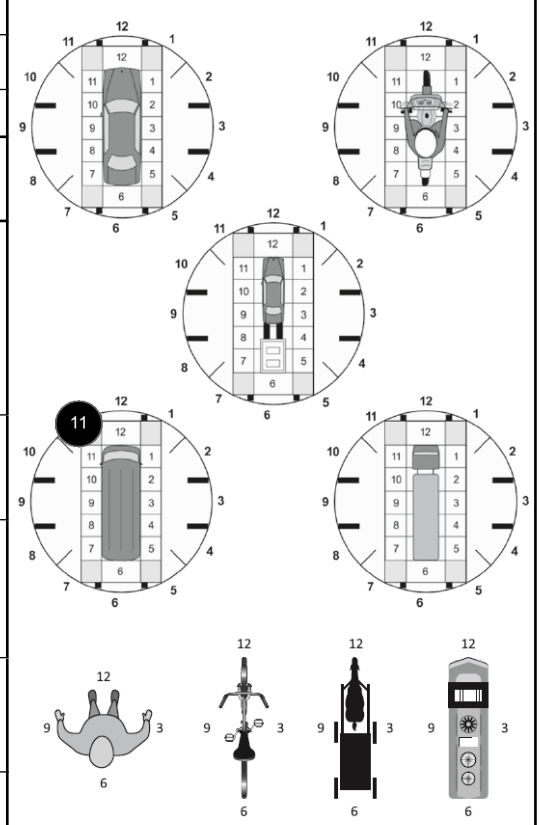
**INSURANCE VERIFIED** **INSURANCE COMPANY** SCHOOLS OF OHIO RISK SHARI **INSURANCE POLICY #** SD-049A **COLOR** YEL **VEHICLE MODEL** BB CONVENTIONAL

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY:** COMPANY NAME

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** 3 **VEHICLE WEIGHT GVWR/GCWR**  
1 - ≤10K LBS.  
2 - 10.001 - 26K LBS.  
3 - > 26K LBS. **HAZARDOUS MATERIAL**  
 **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**

**UNIT TYPE** 19  
**# OF TRAILING UNITS** 0

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY



**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2  
1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL** 0  
0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN  
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

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

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

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

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

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

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

**INITIAL POINT OF CONTACT**  
0 - NO DAMAGE 14 - UNDERCARRIAGE  
11 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN  
13 - TOP

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

**TRAFFIC**

**TRAFFICWAY FLOW** 2  
1 - ONE-WAY  
2 - TWO-WAY

**TRAFFIC CONTROL** 6  
1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

**EVENTS**

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

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

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**# OF THROUGH LANES ON ROAD** 1

**RAIL GRADE CROSSING** 1  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

**FROM** 2 **TO** 1

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

**UNIT SPEED** 50

**POSTED SPEED** 55

**DETECTED SPEED**  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

# MOTORIST / Non-MOTORIST

**LOCAL REPORT NUMBER**  
2024000000282

|   |  |                                   |  |   |   |   |                              |                           |                        |                     |                  |                               |
|---|--|-----------------------------------|--|---|---|---|------------------------------|---------------------------|------------------------|---------------------|------------------|-------------------------------|
| <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>BISWA, PREM, KUMAR |                                   |  |   | <b>DATE OF BIRTH</b><br>12/27/1994            |   | <b>AGE</b><br>29             | <b>GENDER</b><br>M        |                        |                     |                  |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>7500 SWINDON ST, BLACKLICK, OH, 43004 |  |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>      |   |                              |                           |                        |                     |                  |                               |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b><br>1                           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>4             | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1 |                  |                               |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b>                         |                                   | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b>  |                              |                           | <b>CITATION NUMBER</b> |                     |                  |                               |
| <b>OL CLASS</b>   | <b>ENDORSEMENT</b>                                     | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1   | <b>ALCOHOL TEST</b>          |                           | <b>DRUG TEST(S)</b>    |                     |                  |                               |
|   |  |                                   |  |   |   |   | <b>STATUS</b><br>1           | <b>TYPE</b><br>1          | <b>VALUE</b><br>.      | <b>STATUS</b><br>1  | <b>TYPE</b><br>1 | <b>RESULTS</b> SELECT UP TO 4 |

|  |   |                                   |  |   |   |   |                              |                           |                        |                     |                  |                               |
|--|---|-----------------------------------|--|---|---|---|------------------------------|---------------------------|------------------------|---------------------|------------------|-------------------------------|
| <b>UNIT #</b><br>2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>KLAUS, STEPHANIE, ANN |                                   |  |   | <b>DATE OF BIRTH</b><br>03/22/1970            |   | <b>AGE</b><br>53             | <b>GENDER</b><br>F        |                        |                     |                  |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>167 N MAIN ST, LONDON, OH, 43140 |   |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>      |   |                              |                           |                        |                     |                  |                               |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>1                              | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>4             | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1 |                  |                               |
| <b>OL STATE</b><br>OH  | <b>OPERATOR LICENSE NUMBER</b>                            |                                   | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b>  |                              |                           | <b>CITATION NUMBER</b> |                     |                  |                               |
| <b>OL CLASS</b>  | <b>ENDORSEMENT</b>  | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1   | <b>ALCOHOL TEST</b>          |                           | <b>DRUG TEST(S)</b>    |                     |                  |                               |
|  |   |                                   |  |   |   |   | <b>STATUS</b><br>1           | <b>TYPE</b><br>1          | <b>VALUE</b><br>.      | <b>STATUS</b><br>1  | <b>TYPE</b><br>1 | <b>RESULTS</b> SELECT UP TO 4 |

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

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

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2024000000282

|                 |  |                                  |                          |  |                              |   |                               |                           |                      |                     |
|-----------------|--|----------------------------------|--------------------------|--|------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>2                       | <b>NAME:</b> LAST, FIRST, MIDDLE |                          |  |                              | <b>DATE OF BIRTH</b>                                    |                               | <b>AGE</b><br>12          | <b>GENDER</b><br>F   |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |                          |  |                              | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                               |                           |                      |                     |
|                 | <b>INJURIES</b><br>5                     | <b>INJURED TAKEN BY</b><br>1     | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b><br>1 | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b><br>11 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |
| <b>OCCUPANT</b> | <b>UNIT #</b><br>2                       | <b>NAME:</b> LAST, FIRST, MIDDLE |                          |  |                              | <b>DATE OF BIRTH</b>                                    |                               | <b>AGE</b><br>14          | <b>GENDER</b><br>M   |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |                          |  |                              | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                               |                           |                      |                     |
|                 | <b>INJURIES</b><br>5                     | <b>INJURED TAKEN BY</b><br>1     | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b><br>1 | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b><br>11 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |                          |  |                              | <b>DATE OF BIRTH</b>                                    |                               | <b>AGE</b>                | <b>GENDER</b>        |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |                          |  |                              | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                               |                           |                      |                     |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b>      | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b>       | <b>AIR BAG USAGE</b>      | <b>EJECTION</b>      | <b>TRAPPED</b>      |
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |                          |  |                              | <b>DATE OF BIRTH</b>                                    |                               | <b>AGE</b>                | <b>GENDER</b>        |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |                          |  |                              | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                               |                           |                      |                     |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b>      | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b>       | <b>AIR BAG USAGE</b>      | <b>EJECTION</b>      | <b>TRAPPED</b>      |

| 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                 |
| <b>INJURED TAKEN BY</b>                |   | 6 - SECOND - RIGHT SIDE   | 9 - DEPLOYMENT UNKNOWN             |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)   | EJECTION                           |
| 2 - EMS                                | 7 - BOOSTER SEAT                              | 8 - THIRD - MIDDLE  | 1 - NOT EJECTED                    |
| 3 - POLICE                             | 8 - HELMET USED                               | 9 - THIRD - RIGHT SIDE  | 2 - PARTIALLY EJECTED              |
| 9 - OTHER / UNKNOWN                    | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 10 - SLEEPER SECTION OF TRUCK CAB   | 3 - TOTALLY EJECTED                |
| <b>GENDER</b>                          |   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
| F - FEMALE                             | 10 - REFLECTIVE CLOTHING                      | 12 - PASSENGER IN UNENCLOSED CARGO AREA   | TRAPPED                            |
| M - MALE                               | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 13 - TRAILING UNIT  | 1 - NOT TRAPPED                    |
| U - OTHER / UNKNOWN                    | 99 - OTHER / UNKNOWN                          | 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  |                                    |

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