

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

49-0132-49

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH -2 <input type="checkbox"/> OH -1P <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION P19021800000502 REPORTING AGENCY NAME * Ohio State Highway Patrol		NCIC * OHP49		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 4		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 49		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3		LOCATION: CITY, VILLAGE, TOWNSHIP* Jefferson (Township of)		CRASH DATE / TIME* 02/18/2019 05:40		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY					
ROUTE TYPE SR		ROUTE NUMBER 142		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME		ROAD TYPE MP		LATITUDE DECIMAL DEGREES 39.944299		LONGITUDE DECIMAL DEGREES -83.281613	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 2		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES	
DISTANCE FROM REFERENCE 0.50		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 1		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 1				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 2				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN		CONDITIONS 4 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 2				WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 6									
NARRATIVE Unit#1 was traveling southbound on SR142 and crossed over the center line and side swiped Unit#2, traveling northbound on Plain City Georgesville rd. Unit#1 then rear-ended Unit#3 that was stopped southbound and then struck Unit#4, that was stopped facing northbound in the southbound lane.						<p style="text-align: center;">Plain City Georgesville Rd</p>							
CRASH REPORTED DATE / TIME 02/18/2019 05:40		DISPATCH DATE / TIME 02/18/2019 05:40		ARRIVAL DATE / TIME 02/18/2019 05:50		SCENE CLEARED DATE / TIME 02/18/2019 07:20		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED 10		OTHER INVESTIGATION TIME 110		OFFICER'S NAME* Banks, Darrin		CHECKED BY OFFICER'S NAME* Scales, Todd		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
				OFFICER'S BADGE NUMBER* 0814		CHECKED BY OFFICER'S BADGE NUMBER* 1676							

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) NIANG, SUAN	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 614-805-9834
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 4851 MOCKINGBIRD CT N APT A, COLUMBUS, OH, 43229		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # HKR1154	VEHICLE IDENTIFICATION # 1G1ZC5E1XBF336745	VEHICLE YEAR 2011	VEHICLE MAKE CHEVROLET
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY GEICO	INSURANCE POLICY # 4267043315	COLOR ONG	VEHICLE MODEL MALIBU
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME C&C	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 2	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD PLACARD ID #	

UNIT TYPE 1	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
# of TRAILING UNITS 0	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN				
AUTONOMOUS MODE LEVEL 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN					

SPECIAL FUNCTION 1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP.	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
CARGO BODY TYPE 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /ENCLOSED BOX	7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED	11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE	99 - OTHER / UNKNOWN
VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN

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

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

LOCAL REPORT NUMBER

49-0132-49

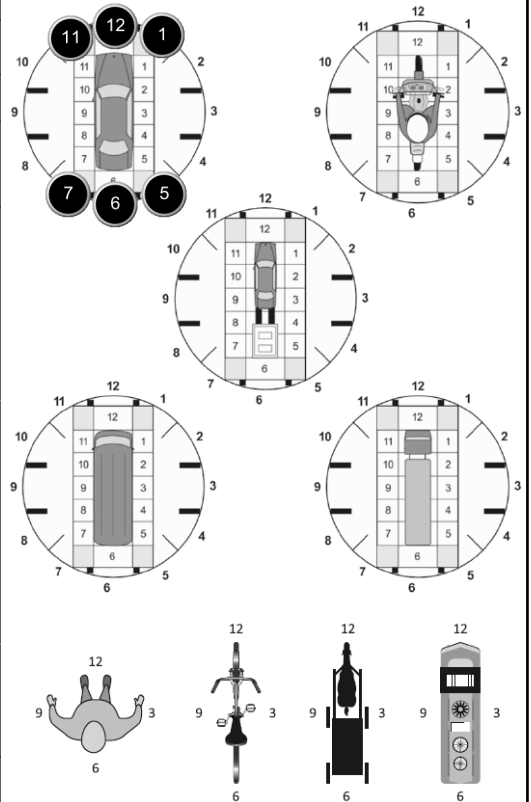
DAMAGE

DAMAGE SCALE

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

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



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

INITIAL POINT OF CONTACT

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

TRAFFIC

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

FROM 1 TO 2

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

UNIT SPEED 45	DETECTED SPEED 1 - STATED / ESTIMATED SPEED
POSTED SPEED 55	2 - CALCULATED / EDR 3 - UNDETERMINED

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) MUSIC, JUSTIN	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 614-286-5938
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 9120 W BROAD ST, GALLOWAY, OH, 43119		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # HHS9096	VEHICLE IDENTIFICATION # 19UUA56622A034883	VEHICLE YEAR 2002	VEHICLE MAKE ACURA
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 918714917	COLOR TAN	VEHICLE MODEL TSX
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
TYPE OF USE		VEHICLE WEIGHT GVWR/GCWR	CLASS # PLACARD ID #	
<input type="checkbox"/> 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) <input type="checkbox"/> 2 - PASSENGER VAN (MINIVAN) <input type="checkbox"/> 3 - SPORT UTILITY VEHICLE <input type="checkbox"/> 4 - PICK UP <input type="checkbox"/> 5 - CARGO VAN		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	
UNIT TYPE 1		# OF TRAILING UNITS		

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - OTHER/UNKNOWN
1 - YES 2 - NO 9 - OTHER / UNKNOWN	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
SPECIAL FUNCTION 1	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP.
CARGO BODY TYPE 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL
	2 - BUS	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE
	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN /ENCLOSED BOX	9 - CARGO TANK
			10 - FLAT BED
VEHICLE DEFECTS	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE
	3 - TAIL LAMPS	6 - TIRE BLOWOUT	9 - MOTOR TROUBLE
			10 - DISABLED FROM PRIOR ACCIDENT

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

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

LOCAL REPORT NUMBER 49-0132-49				
DAMAGE DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN				
DAMAGED AREA(S) INDICATE ALL THAT APPLY				
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]				
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN				
TRAFFIC				
<table border="1"> <tr> <td>TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY</td> <td>TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL</td> </tr> </table>	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL		
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
<table border="1"> <tr> <td># OF THROUGH LANES ON ROAD 2</td> <td>RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING</td> </tr> </table>	# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1				
<table border="1"> <tr> <td>UNIT SPEED 20</td> <td>DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED</td> </tr> <tr> <td>POSTED SPEED 55</td> <td></td> </tr> </table>	UNIT SPEED 20	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	POSTED SPEED 55	
UNIT SPEED 20	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED			
POSTED SPEED 55				

OWNER	UNIT # 4	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) AMERICAS FLOOR SOURCE,	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 614-237-3181
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 3442 MILLENNIUM CT, COLUMBUS, OH, 43219		
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP AMERICAS FLOOR SOURCE, 3442 MILLENNIUM CT, COLUMBU		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # PIM8357	VEHICLE IDENTIFICATION # 1GCZGUBG8E1110851	VEHICLE YEAR 2014	VEHICLE MAKE CHEVROLET
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY SELECTIVE	INSURANCE POLICY # S2177647	COLOR WHI	VEHICLE MODEL VAN
<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
TYPE OF USE	VEHICLE WEIGHT GVWR/GCWR			
<input type="checkbox"/> 1 - PASSENGER CAR	<input type="checkbox"/> 6 - VAN (9-15 SEATS)	<input type="checkbox"/> 12 - GOLF CART	<input type="checkbox"/> 18 - LIMO (LIVERY VEHICLE)	<input type="checkbox"/> 23 - PEDESTRIAN/SKATER
<input type="checkbox"/> 2 - PASSENGER VAN (MINIVAN)	<input type="checkbox"/> 7 - MOTORCYCLE 2-WHEELED	<input type="checkbox"/> 13 - SNOWMOBILE	<input type="checkbox"/> 19 - BUS (16+ PASSENGERS)	<input type="checkbox"/> 24 - WHEELCHAIR (ANY TYPE)
<input type="checkbox"/> 3 - SPORT UTILITY VEHICLE	<input type="checkbox"/> 8 - MOTORCYCLE 3-WHEELED	<input type="checkbox"/> 14 - SINGLE UNIT TRUCK	<input type="checkbox"/> 20 - OTHER VEHICLE	<input type="checkbox"/> 25 - OTHER NON-MOTORIST
<input type="checkbox"/> 4 - PICK UP	<input type="checkbox"/> 9 - AUTOCYCLE	<input type="checkbox"/> 15 - SEMI-TRACTOR	<input type="checkbox"/> 21 - HEAVY EQUIPMENT	<input type="checkbox"/> 26 - BICYCLE
<input type="checkbox"/> 5 - CARGO VAN	<input type="checkbox"/> 10 - MOPED OR MOTORIZED BICYCLE	<input type="checkbox"/> 16 - FARM EQUIPMENT	<input type="checkbox"/> 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	<input type="checkbox"/> 27 - TRAIN
# OF TRAILING UNITS	<input type="checkbox"/> 11 - ALL TERRAIN VEHICLE (ATV/UTV)	<input type="checkbox"/> 17 - MOTORHOME	<input type="checkbox"/> 99 - UNKNOWN OR HIT/SKIP	

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

NON-MOTORIST LOCATION 1	<input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK	<input type="checkbox"/> 4 - MIDBLOCK - MARKED CROSSWALK	<input type="checkbox"/> 7 - SHOULDER/ROADSIDE	<input type="checkbox"/> 10 - DRIVEWAY ACCESS	<input type="checkbox"/> 99 - OTHER / UNKNOWN
<input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK	<input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION	<input type="checkbox"/> 8 - SIDEWALK	<input type="checkbox"/> 9 - MEDIAN/CROSSING ISLAND	<input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS	<input type="checkbox"/> 12 - FIRST RESPONDER AT INCIDENT SCENE
<input type="checkbox"/> 3 - INTERSECTION - OTHER	<input type="checkbox"/> 6 - BICYCLE LANE	<input type="checkbox"/> 1 - NON-CONTACT	<input type="checkbox"/> 2 - BACKING	<input type="checkbox"/> 3 - CHANGING LANES	<input type="checkbox"/> 4 - OVERTAKING/PASSING
<input type="checkbox"/> 4 - STRUCK	<input type="checkbox"/> 5 - MAKING RIGHT TURN	<input type="checkbox"/> 6 - MAKING LEFT TURN	<input type="checkbox"/> 7 - MAKING U-TURN	<input type="checkbox"/> 8 - ENTERING TRAFFIC LANE	<input type="checkbox"/> 9 - LEAVING TRAFFIC LANE
<input type="checkbox"/> 5 - BOTH STRIKING & STRUCK	<input type="checkbox"/> 10 - IMPROPER PASSING	<input type="checkbox"/> 11 - DROVE OFF ROAD	<input type="checkbox"/> 12 - IMPROPER BACKING	<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION	<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY
<input type="checkbox"/> 9 - OTHER / UNKNOWN	<input type="checkbox"/> 15 - SWERVING TO AVOID	<input type="checkbox"/> 16 - WRONG WAY	<input type="checkbox"/> 17 - VISION OBSTRUCTION	<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT	<input type="checkbox"/> 19 - LOAD SHIFTING /FALLING/SPILLING
<input type="checkbox"/> 1 - NONE	<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE /ACDA	<input type="checkbox"/> 9 - IMPROPER LANE CHANGE	<input type="checkbox"/> 10 - IMPROPER PASSING	<input type="checkbox"/> 11 - DROVE OFF ROAD	<input type="checkbox"/> 12 - IMPROPER BACKING
<input type="checkbox"/> 2 - FAILURE TO YIELD	<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION	<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY	<input type="checkbox"/> 15 - SWERVING TO AVOID	<input type="checkbox"/> 16 - WRONG WAY	<input type="checkbox"/> 17 - VISION OBSTRUCTION
<input type="checkbox"/> 3 - RAN RED LIGHT	<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT	<input type="checkbox"/> 19 - LOAD SHIFTING /FALLING/SPILLING	<input type="checkbox"/> 20 - IMPROPER CROSSING	<input type="checkbox"/> 21 - LYING IN ROADWAY	<input type="checkbox"/> 22 - NOT DISCERNIBLE
<input type="checkbox"/> 4 - RAN STOP SIGN	<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY	<input type="checkbox"/> 24 - OTHER IMPROPER ACTION			
<input type="checkbox"/> 5 - UNSAFE SPEED					
<input type="checkbox"/> 6 - IMPROPER TURN					
<input type="checkbox"/> 7 - LEFT OF CENTER					

CONTRIBUTING CIRCUMSTANCES 1	<input type="checkbox"/> 1 - NON-CONTACT	<input type="checkbox"/> 2 - NON-COLLISION	<input type="checkbox"/> 3 - STRIKING	<input type="checkbox"/> 4 - STRUCK	<input type="checkbox"/> 5 - BOTH STRIKING & STRUCK	<input type="checkbox"/> 9 - OTHER / UNKNOWN
<input type="checkbox"/> 1 - NONE	<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE /ACDA	<input type="checkbox"/> 9 - IMPROPER LANE CHANGE	<input type="checkbox"/> 10 - IMPROPER PASSING	<input type="checkbox"/> 11 - DROVE OFF ROAD	<input type="checkbox"/> 12 - IMPROPER BACKING	<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION
<input type="checkbox"/> 2 - FAILURE TO YIELD	<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY	<input type="checkbox"/> 15 - SWERVING TO AVOID	<input type="checkbox"/> 16 - WRONG WAY	<input type="checkbox"/> 17 - VISION OBSTRUCTION	<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT	<input type="checkbox"/> 19 - LOAD SHIFTING /FALLING/SPILLING
<input type="checkbox"/> 3 - RAN RED LIGHT	<input type="checkbox"/> 20 - IMPROPER CROSSING	<input type="checkbox"/> 21 - LYING IN ROADWAY	<input type="checkbox"/> 22 - NOT DISCERNIBLE	<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY	<input type="checkbox"/> 24 - OTHER IMPROPER ACTION	
<input type="checkbox"/> 4 - RAN STOP SIGN						
<input type="checkbox"/> 5 - UNSAFE SPEED						
<input type="checkbox"/> 6 - IMPROPER TURN						
<input type="checkbox"/> 7 - LEFT OF CENTER						

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

LOCAL REPORT NUMBER 49-0132-49	
DAMAGE	
DAMAGE SCALE	
<input type="checkbox"/> 1 - NONE	<input type="checkbox"/> 3 - FUNCTIONAL DAMAGE
<input type="checkbox"/> 2 - MINOR DAMAGE	<input type="checkbox"/> 4 - DISABLING DAMAGE
<input type="checkbox"/> 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [0]	<input type="checkbox"/> UNDERCARRIAGE [14]
<input type="checkbox"/> TOP [13]	<input type="checkbox"/> ALL AREAS [15]
<input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
<input type="checkbox"/> 0 - NO DAMAGE	<input type="checkbox"/> 14 - UNDERCARRIAGE
<input type="checkbox"/> 11	<input type="checkbox"/> 15 - VEHICLE NOT AT SCENE
<input type="checkbox"/> 13 - TOP	<input type="checkbox"/> 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
<input type="checkbox"/> 2	<input type="checkbox"/> 6
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<input type="checkbox"/> 2	<input type="checkbox"/> 1
UNIT / NON-MOTORIST DIRECTION	
FROM <input type="checkbox"/> 2	TO <input type="checkbox"/> 1
UNIT SPEED	DETECTED SPEED
<input type="checkbox"/> 0	<input type="checkbox"/> 1
POSTED SPEED	<input type="checkbox"/> 2
<input type="checkbox"/> 50	<input type="checkbox"/> 3

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
49-0132-49

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE NAING, SUAN				DATE OF BIRTH 04/12/1977		AGE 41	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 4851 MOCKINGBIRD CT N APT A , COLUMBUS, OH, 43229					CONTACT PHONE - INCLUDE AREA CODE 614-805-9834				
	INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) JEFFERSON TWP	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) DOCTORS WEST	SAFETY EQUIPMENT 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 3	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1

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

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

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

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

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

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

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