

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

49-0304-49

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH -2 <input checked="" type="checkbox"/> OH -3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION P19060500002400 REPORTING AGENCY NAME * Ohio State Highway Patrol		NCIC * OHP49		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 1	
COUNTY* 49		LOCALITY* 3 <small>1 - CITY 2 - VILLAGE 3 - TOWNSHIP</small>		LOCATION: CITY, VILLAGE, TOWNSHIP* Canaan (Township of)		CRASH DATE / TIME* 06/05/2019 16:30		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 2					
ROUTE TYPE US		ROUTE NUMBER 42		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME		ROAD TYPE		LATITUDE DECIMAL DEGREES 40.014246		LONGITUDE DECIMAL DEGREES -83.306917	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Lucas		ROAD TYPE PI					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		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 HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SO - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE FROM REFERENCE 100.00		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		ROUTE TYPE		ROAD TYPE		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN 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 6		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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN 3		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN 2			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		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 2		NARRATIVE Unit 2 was northbound on US 42. Unit 1 was southbound on US 42 when she drove left of center and struck Unit 2.									
CRASH REPORTED DATE / TIME 06/05/2019 16:30		DISPATCH DATE / TIME 06/05/2019 16:30		ARRIVAL DATE / TIME 06/05/2019 16:34		SCENE CLEARED DATE / TIME 06/05/2019 19:27		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED 64		OTHER INVESTIGATION TIME		TOTAL MINUTES 177		OFFICER'S NAME* Hofmann, Jason		CHECKED BY OFFICER'S NAME* Scales, Todd		<input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small>			
				OFFICER'S BADGE NUMBER* 0377		CHECKED BY OFFICER'S BADGE NUMBER* 1676							

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) QUEEN, JODY, K	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 614-706-8082
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 32 WESTMOOR DR, LONDON, OH, 43140		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # HFV9726	VEHICLE IDENTIFICATION # 1HGCG56491A057102	VEHICLE YEAR 2001	VEHICLE MAKE HONDA
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY THE GENERAL	INSURANCE POLICY # 92-OH 4343529	COLOR BGE	VEHICLE MODEL ACCORD
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME V'S TOWING	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 1	HAZARDOUS MATERIAL <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID #	
TYPE OF USE		VEHICLE WEIGHT GVWR/GCWR		
<input type="checkbox"/> PASSENGER CAR <input type="checkbox"/> VAN (9-15 SEATS) <input type="checkbox"/> PASSENGER VAN (MINIVAN) <input type="checkbox"/> SPORT UTILITY VEHICLE <input type="checkbox"/> PICK UP <input type="checkbox"/> CARGO VAN		<input type="checkbox"/> MOTORCYCLE 2-WHEELED <input type="checkbox"/> MOTORCYCLE 3-WHEELED <input type="checkbox"/> AUTOCYCLE <input type="checkbox"/> MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> ALL TERRAIN VEHICLE (ATV/UTV)		
UNIT TYPE 1		<input type="checkbox"/> GOLF CART <input type="checkbox"/> LIMO (LIVERY VEHICLE) <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> BUS (16+ PASSENGERS) <input type="checkbox"/> SINGLE UNIT TRUCK <input type="checkbox"/> OTHER NON-MOTORIST VEHICLE <input type="checkbox"/> SEMI-TRACTOR <input type="checkbox"/> HEAVY EQUIPMENT <input type="checkbox"/> FARM EQUIPMENT <input type="checkbox"/> ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE <input type="checkbox"/> MOTORHOME <input type="checkbox"/> PEDESTRIAN/SKATER <input type="checkbox"/> WHEELCHAIR (ANY TYPE) <input type="checkbox"/> BICYCLE <input type="checkbox"/> TRAIN <input type="checkbox"/> UNKNOWN OR HIT/SKIP		
# OF TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		
2		<input type="checkbox"/> NO AUTOMATION <input type="checkbox"/> CONDITIONAL AUTOMATION <input type="checkbox"/> OTHER/UNKNOWN <input type="checkbox"/> DRIVER ASSISTANCE <input type="checkbox"/> HIGH AUTOMATION <input type="checkbox"/> PARTIAL AUTOMATION <input type="checkbox"/> FULL AUTOMATION		
SPECIAL FUNCTION 1		<input type="checkbox"/> NONE <input type="checkbox"/> BUS - CHARTER/TOUR <input type="checkbox"/> FIRE <input type="checkbox"/> FARM <input type="checkbox"/> MAIL CARRIER <input type="checkbox"/> TAXI <input type="checkbox"/> BUS - INTERCITY <input type="checkbox"/> MILITARY <input type="checkbox"/> MOWING <input type="checkbox"/> OTHER / UNKNOWN <input type="checkbox"/> ELECTRONIC RIDE SHARING <input type="checkbox"/> BUS - SHUTTLE <input type="checkbox"/> POLICE <input type="checkbox"/> SNOW REMOVAL <input type="checkbox"/> SCHOOL TRANSPORT <input type="checkbox"/> BUS - OTHER <input type="checkbox"/> PUBLIC UTILITY <input type="checkbox"/> TOWING <input type="checkbox"/> BUS - TRANSIT/COMMUTER <input type="checkbox"/> AMBULANCE <input type="checkbox"/> CONSTRUCTION EQUIP. <input type="checkbox"/> SAFETY SERVICE PATROL		
CARGO BODY TYPE 1		<input type="checkbox"/> NO CARGO BODY TYPE / NOT APPLICABLE <input type="checkbox"/> BUS <input type="checkbox"/> VEHICLE TOWING ANOTHER MOTOR VEHICLE <input type="checkbox"/> LOGGING <input type="checkbox"/> INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> CARGOVAN /ENCLOSED BOX <input type="checkbox"/> GRAIN/CHIPS/GRAVEL <input type="checkbox"/> POLE <input type="checkbox"/> CARGO TANK <input type="checkbox"/> FLAT BED <input type="checkbox"/> DUMP <input type="checkbox"/> CONCRETE MIXER <input type="checkbox"/> AUTO TRANSPORTER <input type="checkbox"/> GARBAGE/REFUSE <input type="checkbox"/> OTHER / UNKNOWN		
VEHICLE DEFECTS		<input type="checkbox"/> TURN SIGNALS <input type="checkbox"/> BRAKES <input type="checkbox"/> WORN OR SLICK TIRES <input type="checkbox"/> MOTOR TROUBLE <input type="checkbox"/> OTHER / UNKNOWN <input type="checkbox"/> HEAD LAMPS <input type="checkbox"/> STEERING <input type="checkbox"/> TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> TAIL LAMPS <input type="checkbox"/> TIRE BLOWOUT		

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

SEQUENCE OF EVENTS	EVENTS
1 <input type="checkbox"/> 20	<input type="checkbox"/> OVERTURN/ROLLOVER <input type="checkbox"/> FIRE/EXPLOSION <input type="checkbox"/> IMMERSION <input type="checkbox"/> JACKKNIFE <input type="checkbox"/> CARGO / EQUIPMENT LOSS OR SHIFT <input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> SEPARATION OF UNITS <input type="checkbox"/> RAN OFF ROAD RIGHT <input type="checkbox"/> RAN OFF ROAD LEFT <input type="checkbox"/> CROSS MEDIAN <input type="checkbox"/> CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> DOWNHILL RUNAWAY <input type="checkbox"/> OTHER NON-COLLISION <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PEDALCYCLE <input type="checkbox"/> RAILWAY VEHICLE <input type="checkbox"/> ANIMAL - FARM <input type="checkbox"/> ANIMAL - DEER
2 <input type="checkbox"/>	<input type="checkbox"/> OVERHEAD SIGN POST <input type="checkbox"/> LIGHT / LUMINARIES SUPPORT <input type="checkbox"/> UTILITY POLE <input type="checkbox"/> OTHER POST, POLE OR SUPPORT <input type="checkbox"/> CULVERT <input type="checkbox"/> CURB <input type="checkbox"/> DITCH
3 <input type="checkbox"/>	<input type="checkbox"/> STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> OTHER MOVABLE OBJECT <input type="checkbox"/> BUILDING <input type="checkbox"/> TUNNEL <input type="checkbox"/> OTHER FIXED OBJECT <input type="checkbox"/> OTHER / UNKNOWN
4 <input type="checkbox"/>	<input type="checkbox"/> IMPACT ATTENUATOR / CRASH CUSHION <input type="checkbox"/> BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> BRIDGE PIER OR ABUTMENT <input type="checkbox"/> BRIDGE PARAPET <input type="checkbox"/> BRIDGE RAIL <input type="checkbox"/> GUARDRAIL FACE <input type="checkbox"/> GUARDRAIL END <input type="checkbox"/> PORTABLE BARRIER <input type="checkbox"/> MEDIAN CABLE BARRIER <input type="checkbox"/> MEDIAN GUARDRAIL BARRIER <input type="checkbox"/> MEDIAN CONCRETE BARRIER <input type="checkbox"/> MEDIAN OTHER BARRIER <input type="checkbox"/> TRAFFIC SIGN POST
5 <input type="checkbox"/>	<input type="checkbox"/> EMBANKMENT <input type="checkbox"/> FENCE <input type="checkbox"/> MAILBOX <input type="checkbox"/> TREE <input type="checkbox"/> FIRE HYDRANT <input type="checkbox"/> WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> WALL
6 <input type="checkbox"/>	<input type="checkbox"/> BUILDING <input type="checkbox"/> TUNNEL <input type="checkbox"/> OTHER FIXED OBJECT <input type="checkbox"/> OTHER / UNKNOWN
1 <input type="checkbox"/>	FIRST HARMFUL EVENT 1 <input type="checkbox"/>
	MOST HARMFUL EVENT

LOCAL REPORT NUMBER 49-0304-49	
DAMAGE	
DAMAGE SCALE	
<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 3 - FUNCTIONAL DAMAGE <input checked="" type="checkbox"/> 4 - 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 checked="" type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
<input type="checkbox"/> 0 - NO DAMAGE <input type="checkbox"/> 14 - UNDERCARRIAGE <input checked="" type="checkbox"/> 12 - REFER TO UNIT DIAGRAM <input type="checkbox"/> 15 - VEHICLE NOT AT SCENE <input type="checkbox"/> 13 - TOP <input type="checkbox"/> 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 6
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1
UNIT / NON-MOTORIST DIRECTION	
FROM <input type="checkbox"/> 1 TO <input type="checkbox"/> 2 <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 5 - NORTHEAST <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 6 - NORTHWEST <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 7 - SOUTHEAST <input type="checkbox"/> 4 - WEST <input type="checkbox"/> 8 - SOUTHWEST <input type="checkbox"/> 9 - OTHER / UNKNOWN	
UNIT SPEED 56	DETECTED SPEED 1
POSTED SPEED 55	<input type="checkbox"/> 1 - STATED / ESTIMATED SPEED <input type="checkbox"/> 2 - CALCULATED / EDR <input type="checkbox"/> 3 - UNDETERMINED

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER AVERITT EXPRESS, INC,	OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER 800-325-1830
OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER 1415 NEAL ST, COOKEVILLE, TN, 38502		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP AVERITT EXPRESS, INC., 1415 NEAL ST, COOKEVILLE, TN, 385		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 800-325-1830

LP STATE TN	LICENSE PLATE # DO319HY	VEHICLE IDENTIFICATION # 3AKJGLD58FSGC9158	VEHICLE YEAR 2015	VEHICLE MAKE FREIGHTLINER
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY SELF INSURED	INSURANCE POLICY # MC 121600	COLOR RED	VEHICLE MODEL CASCADIA
<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # 36684	TOWED BY: COMPANY NAME EITEL'S TOWING	

<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 1	VEHICLE WEIGHT GVWR/GCWR 3	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD
UNIT TYPE 15				
# OF TRAILING UNITS 1				

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN
SPECIAL FUNCTION 1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP. 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

CARGO BODY TYPE 6	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIBLOCK - 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 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

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

COLLISION WITH FIXED OBJECT - STRUCK	
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
FIRST HARMFUL EVENT 1	MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER

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DAMAGE

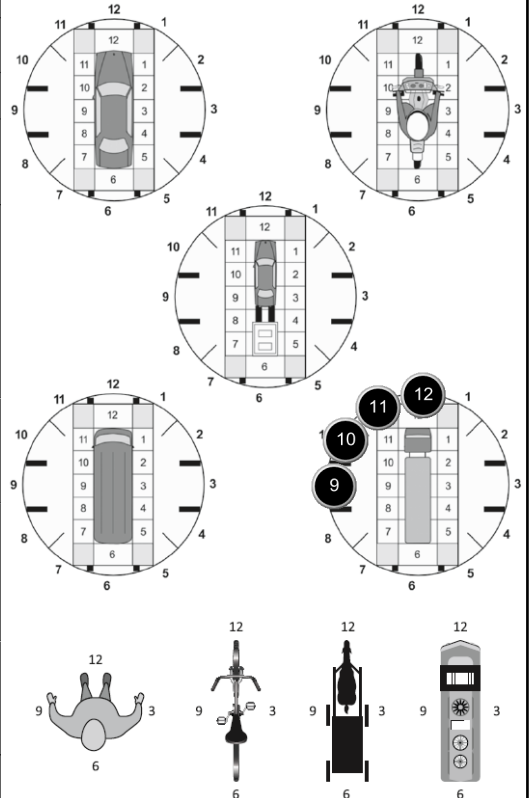
DAMAGE SCALE

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

4

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
1-12 - REFER TO UNIT DIAGRAM
13 - TOP
14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
99 - UNKNOWN

12

TRAFFIC

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

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

FROM 2 TO 1

UNIT SPEED

55

DETECTED SPEED

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

1

POSTED SPEED

55

OCCUPANT / WITNESS ADDENDUM

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

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 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
	ROSENBERY, JAMES. W	02/13/1964	55	M
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
465 TRACE DR, DELAWARE, OH, 43015		614-371-4650		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	SMITH, CODY, TYLER	01/12/1992	27	M
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
13299 LEEPER PERKINS RD, MARYSVILLE, OH, 43040		937-243-5074		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		