

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		<b>LOCAL INFORMATION</b> <b>REPORTING AGENCY NAME*</b> Fairfield Police Department		IR23-000690		<b>HIT/SKIP</b> <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED		<b>NUMBER OF UNITS</b> 2		<b>UNIT IN ERROR</b> <input type="checkbox"/> 98 - ANIMAL <input checked="" type="checkbox"/> 99 - UNKNOWN	
<b>COUNTY*</b> 09		<b>LOCALITY*</b> <input checked="" type="checkbox"/> 1 - CITY <input type="checkbox"/> 2 - VILLAGE <input type="checkbox"/> 3 - TOWNSHIP		<b>LOCATION:</b> CITY, VILLAGE, TOWNSHIP* Fairfield		<b>CRASH DATE/TIME*</b> 06/24/2023 14:15		<b>CRASH SEVERITY</b> <input checked="" type="checkbox"/> 3 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY					
<b>ROUTE TYPE</b> <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		<b>ROUTE NUMBER</b> <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		<b>LOCATION ROAD NAME</b> North Gilmore		<b>ROAD TYPE</b> RD		<b>LATITUDE</b> 39.336895		<b>REFERENCE</b> <b>ROUTE TYPE</b> <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST			
<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> 8803		<b>ROAD TYPE</b> RD		<b>LONGITUDE</b> -84.520804									
<b>REFERENCE POINT</b> <input checked="" type="checkbox"/> 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		<b>DIRECTION FROM REFERENCE</b> <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		<b>ROAD TYPE</b> AL - ALLEY 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 SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		<b>INTERSECTION RELATED</b> <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA <b>NUMBER OF APPROACHES</b> <input checked="" type="checkbox"/> 4 <b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED					
<b>DISTANCE FROM REFERENCE</b> <input type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS		<b>DISTANCE UNIT OF MEASURE</b> <input type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS		<b>LOCATION OF FIRST HARMFUL EVENT</b> <input checked="" type="checkbox"/> 1 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		<b>MANNER OF CRASH COLLISION/IMPACT</b> <input checked="" type="checkbox"/> 6 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		<b>DIRECTION OF TRAVEL</b> <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		<b>MEDIAN TYPE</b> <input type="checkbox"/> 1 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4 - DIVIDED, RAISE 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		<b>WORK ZONE TYPE</b> <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHFT/CROSSOVER OR MEDIAN <input type="checkbox"/> 3 - WORK ON SHOULDER <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA		<b>CONTOUR</b> <input checked="" type="checkbox"/> 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN		<b>CONDITIONS</b> <input checked="" type="checkbox"/> 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		<b>SURFACE</b> <input checked="" type="checkbox"/> 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN			
<b>LIGHT CONDITION</b> <input checked="" type="checkbox"/> 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		<b>WEATHER</b> <input checked="" type="checkbox"/> 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN		<b>NARRATIVE</b> On 6/24/23 at 2:15 P.M. Unit 1 was leaving private property eastbound at 8803 North Gilmore Road. Unit 2 was traveling southbound on North Gilmore Road. Unit 1 failed to yield to Unit 2 as they pulled out of private property and Unit 2 struck Unit 1 in the drivers side.									
<b>DIAGRAM</b> 													
<b>CRASH REPORTED DATE/TIME</b> 06/24/2023 14:15		<b>DISPATCH DATE/TIME</b> 06/24/2023 14:16		<b>ARRIVAL DATE/TIME</b> 06/24/2023 14:20		<b>SCENE CLEARED DATE/TIME</b> 06/24/2023 14:55		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
<b>TOTAL TIME ROADWAY CLOSED</b> 35		<b>OTHER INVESTIGATION TIME</b> 20		<b>TOTAL MINUTES</b> 59		<b>OFFICER'S NAME*</b> Davis, Robert		<b>CHECKED BY OFFICER'S NAME*</b> Pohl, Daniel		<b>OFFICER'S BADGE NUMBER*</b> 169			
						<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 130							

IR23-000690

<b>OWNER</b>	<b>UNIT #</b> 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>BLACK, CARRIE L</b>	<b>OWNER PHONE:</b> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 105 E Star Rd, ROSSBURG, OH 45362		
	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE
	<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> HDK8325	<b>VEHICLE IDENTIFICATION #</b> 1FMCU0D78BKC16836
		<b>VEHICLE YEAR</b> 2011	<b>VEHICLE MAKE</b> Ford
	<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> STATE FARM	<b>INSURANCE POLICY #</b> 3210871SFP35
		<b>COLOR</b> Black	<b>VEHICLE MODEL</b> Explorer
	<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<b>US DOT #</b>
	<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> <input type="checkbox"/> <b>HIT/SKIP UNIT</b>		<b>TOWED BY:</b> COMPANY NAME <b>FOX TOWING</b>
	<input type="checkbox"/> <b>TYPE OF USE</b>	<b>VEHICLE WEIGHT GVWR/GCWR</b> <input type="checkbox"/> 1 - <= 10K LBS. <input type="checkbox"/> 2 - 10,001 - 26K LBS. <input type="checkbox"/> 3 - >= 26K LBS.	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b>
	<input type="checkbox"/> <b>UNIT TYPE</b> 3 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	<input type="checkbox"/> <b># OCCUPANTS</b> 2	<input type="checkbox"/> <b>CLASS #</b> <input type="checkbox"/> <b>PLACARD ID #</b>
	<input type="checkbox"/> <b># OF TRAILING UNITS</b> 0	<input type="checkbox"/> <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 2 1 - YES 2 - NO 9 - OTHER/UNKNOWN	<input type="checkbox"/> <b>AUTONOMOUS MODE LEVEL</b> 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
	<input type="checkbox"/> <b>SPECIAL FUNCTION</b> 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER	<input type="checkbox"/> <b>6 - BUS - CHARTER/TOUR</b> <input type="checkbox"/> <b>7 - BUS - INTERCITY</b> <input type="checkbox"/> <b>8 - BUS - SHUTTLE</b> <input type="checkbox"/> <b>9 - BUS - OTHER</b> <input type="checkbox"/> <b>10 - AMBULANCE</b>	<input type="checkbox"/> <b>11 - FIRE</b> <input type="checkbox"/> <b>12 - MILITARY</b> <input type="checkbox"/> <b>13 - POLICE</b> <input type="checkbox"/> <b>14 - PUBLIC UTILITY</b> <input type="checkbox"/> <b>15 - CONSTRUCTION EQUIPMENT</b> <input type="checkbox"/> <b>16 - FARM</b> <input type="checkbox"/> <b>17 - MOWING</b> <input type="checkbox"/> <b>18 - SNOW REMOVAL</b> <input type="checkbox"/> <b>19 - TOWING</b> <input type="checkbox"/> <b>20 - SAFETY SERVICE PATROL</b> <input type="checkbox"/> <b>21 - MAIL CARRIER</b> <input type="checkbox"/> <b>99 - OTHER/UNKNOWN</b>
	<input type="checkbox"/> <b>CARGO BODY TYPE</b> 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	<input type="checkbox"/> <b>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE</b> <input type="checkbox"/> <b>4 - LOGGING</b>	<input type="checkbox"/> <b>5 - INTERMODAL CONTAINER CHASSIS</b> <input type="checkbox"/> <b>6 - CARGO VAN/ ENCLOSED BOX</b> <input type="checkbox"/> <b>7 - GRAIN/CHIPS/GRAVEL</b> <input type="checkbox"/> <b>8 - POLE</b> <input type="checkbox"/> <b>9 - CARGO TANK</b> <input type="checkbox"/> <b>10 - FLAT BED</b> <input type="checkbox"/> <b>11 - DUMP</b> <input type="checkbox"/> <b>12 - CONCRETE MIXER</b> <input type="checkbox"/> <b>13 - AUTO TRANSPORTER</b> <input type="checkbox"/> <b>14 - GARBAGE/REFUSE</b> <input type="checkbox"/> <b>99 - OTHER/UNKNOWN</b>
	<input type="checkbox"/> <b>VEHICLE DEFECTS</b> 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	<input type="checkbox"/> <b>4 - BRAKES</b> <input type="checkbox"/> <b>5 - STEERING</b> <input type="checkbox"/> <b>6 - TIRE BLOWOUT</b>	<input type="checkbox"/> <b>7 - WORN OR SLICK TIRES</b> <input type="checkbox"/> <b>8 - TRAILER EQUIPMENT DEFECTIVE</b> <input type="checkbox"/> <b>9 - MOTOR TROUBLE</b> <input type="checkbox"/> <b>10 - DISABLED FROM PRIOR ACCIDENT</b> <input type="checkbox"/> <b>99 - OTHER/UNKNOWN</b>
	<input type="checkbox"/> <b>NON-MOTORIST LOCATION AT IMPACT</b> 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	<input type="checkbox"/> <b>3 - INTERSECTION - OTHER</b> <input type="checkbox"/> <b>4 - MIDBLOCK - MARKED CROSSWALK</b> <input type="checkbox"/> <b>5 - TRAVEL LANE - OTHER LOCATION</b>	<input type="checkbox"/> <b>6 - BICYCLE LANE</b> <input type="checkbox"/> <b>7 - SHOULDER/ROADSIDE</b> <input type="checkbox"/> <b>8 - SIDEWALK</b> <input type="checkbox"/> <b>9 - MEDIAN/CROSSING ISLAND</b> <input type="checkbox"/> <b>10 - DRIVEWAY ACCESS OR TRAILS</b> <input type="checkbox"/> <b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <input type="checkbox"/> <b>99 - OTHER/UNKNOWN</b>
	<input type="checkbox"/> <b>ACTION</b> 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN	<input type="checkbox"/> <b>1</b> 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN	<input type="checkbox"/> <b>8 - ENTERING TRAFFIC</b> <input type="checkbox"/> <b>9 - LEAVING TRAFFIC</b> <input type="checkbox"/> <b>10 - PARKED</b> <input type="checkbox"/> <b>11 - SLOWING OR STOPPED IN TRAFFIC</b> <input type="checkbox"/> <b>12 - DRIVERLESS</b> <input type="checkbox"/> <b>13 - NEGOTIATING A CURVE</b> <input type="checkbox"/> <b>14 - ENTERING OR CROSSING SPECIFIED LOCATION</b> <input type="checkbox"/> <b>15 - WALKING, RUNNING, JOGGING, PLAYING</b> <input type="checkbox"/> <b>16 - WORKING</b> <input type="checkbox"/> <b>17 - PUSHING VEHICLE</b> <input type="checkbox"/> <b>18 - APPROACHING OR LEAVING VEHICLE</b> <input type="checkbox"/> <b>19 - STANDING</b> <input type="checkbox"/> <b>20 - OTHER NON-MOTORIST</b> <input type="checkbox"/> <b>21 - STANDING OUTSIDE DISABLED VEHICLE</b> <input type="checkbox"/> <b>99 - OTHER/UNKNOWN</b>
	<input type="checkbox"/> <b>CONTRIBUTING CIRCUMSTANCES</b> 2 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	<input type="checkbox"/> <b>7 - LEFT OF CENTER</b> <input type="checkbox"/> <b>8 - FOLLOWING TOO CLOSE/ACDA</b> <input type="checkbox"/> <b>9 - IMPROPER LANE CHANGE</b> <input type="checkbox"/> <b>10 - IMPROPER PASSING</b> <input type="checkbox"/> <b>11 - DROVE OFF ROAD</b> <input type="checkbox"/> <b>12 - IMPROPER BACKING</b>	<input type="checkbox"/> <b>13 - IMPROPER START</b> <input type="checkbox"/> <b>14 - STOPPED OR PARKED ILLEGALLY</b> <input type="checkbox"/> <b>15 - SWERVING TO AVOID</b> <input type="checkbox"/> <b>16 - WRONG WAY</b> <input type="checkbox"/> <b>17 - VISION OBSTRUCTION</b> <input type="checkbox"/> <b>18 - OPERATING DEFECTIVE EQUIPMENT</b> <input type="checkbox"/> <b>19 - LOAD SHIFTING/ FALLING/SPILLING</b> <input type="checkbox"/> <b>20 - IMPROPER CROSSING</b> <input type="checkbox"/> <b>21 - LYING IN ROADWAY</b> <input type="checkbox"/> <b>22 - NOT DISCERNIBLE</b> <input type="checkbox"/> <b>23 - OPENING DOOR INTO ROADWAY</b> <input type="checkbox"/> <b>99 - OTHER IMPROPER ACTION</b>
	<b>SEQUENCE OF EVENTS</b>		
	<input type="checkbox"/> <b>1</b> 1 - OVERTURN/ ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT	<input type="checkbox"/> <b>6 - EQUIPMENT FAILURE</b> <input type="checkbox"/> <b>7 - SEPARATION OF UNITS</b> <input type="checkbox"/> <b>8 - RAN OFF ROAD</b> <input type="checkbox"/> <b>9 - RAN OFF ROAD LEFT</b> <input type="checkbox"/> <b>10 - CROSS MEDIAN</b>	<input type="checkbox"/> <b>11 - CROSS CENTERLINE</b> <input type="checkbox"/> <b>12 - DOWNHILL RUNAWAY</b> <input type="checkbox"/> <b>13 - OTHER NON-COLLISION</b> <input type="checkbox"/> <b>14 - PEDESTRIAN</b> <input type="checkbox"/> <b>15 - PEDALCYCLE</b> <input type="checkbox"/> <b>16 - RAILWAY VEHICLE</b> <input type="checkbox"/> <b>17 - ANIMAL - FARM</b> <input type="checkbox"/> <b>18 - ANIMAL - DEER</b> <input type="checkbox"/> <b>19 - ANIMAL - OTHER</b> <input type="checkbox"/> <b>20 - MOTOR VEHICLE IN TRANSPORT</b> <input type="checkbox"/> <b>21 - PARKED MOTOR VEHICLE</b> <input type="checkbox"/> <b>22 - WORK ZONE</b> <input type="checkbox"/> <b>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</b> <input type="checkbox"/> <b>24 - OTHER MOVABLE OBJECT</b>
	<b>COLLISION WITH FIXED OBJECT - STRUCK</b>		
	<input type="checkbox"/> <b>25 - IMPACT ATTENUATOR/ CRASH CUSHION</b> <input type="checkbox"/> <b>26 - BRIDGE OVERHEAD STRUCTURE</b> <input type="checkbox"/> <b>27 - BRIDGE PIER OR ABUTMENT</b> <input type="checkbox"/> <b>28 - BRIDGE PARAPET</b> <input type="checkbox"/> <b>29 - BRIDGE RAIL</b> <input type="checkbox"/> <b>30 - GUARDRAIL FACE</b>	<input type="checkbox"/> <b>31 - GUARDRAIL END</b> <input type="checkbox"/> <b>32 - PORTABLE BARRIER</b> <input type="checkbox"/> <b>33 - MEDIUM CABLE BARRIER</b> <input type="checkbox"/> <b>34 - MEDIUM GUARDRAIL BARRIER</b> <input type="checkbox"/> <b>35 - MEDIUM CONCRETE BARRIER</b> <input type="checkbox"/> <b>36 - MEDIUM OTHER BARRIER</b>	<input type="checkbox"/> <b>37 - TRAFFIC SIGN POST</b> <input type="checkbox"/> <b>38 - OVERHEAD SIGN POST</b> <input type="checkbox"/> <b>39 - LIGHT/LUMINARIES SUPPORT</b> <input type="checkbox"/> <b>40 - UTILITY POLE</b> <input type="checkbox"/> <b>41 - OTHER POST, POLE OR SUPPORT</b> <input type="checkbox"/> <b>42 - CULVERT</b> <input type="checkbox"/> <b>43 - CURB</b> <input type="checkbox"/> <b>44 - DITCH</b> <input type="checkbox"/> <b>45 - EMBANKMENT</b> <input type="checkbox"/> <b>46 - FENCE</b> <input type="checkbox"/> <b>47 - MAILBOX</b> <input type="checkbox"/> <b>48 - TREE</b> <input type="checkbox"/> <b>49 - FIRE HYDRANT</b> <input type="checkbox"/> <b>50 - WORK ZONE</b> <input type="checkbox"/> <b>51 - WALL</b> <input type="checkbox"/> <b>52 - BUILDING</b> <input type="checkbox"/> <b>53 - TUNNEL</b> <input type="checkbox"/> <b>54 - OTHER FIXED OBJECT</b> <input type="checkbox"/> <b>99 - OTHER/UNKNOWN</b>

<b>DAMAGE</b>	
<b>DAMAGE SCALE</b> <input type="checkbox"/> 4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
<b>DAMAGED AREA(S)</b> 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 ]	
<b>INITIAL POINT OF CONTACT</b> <input type="checkbox"/> 9 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> <input type="checkbox"/> 2 1 - ONE-WAY 2 - TWO-WAY	<b>TRAFFIC CONTROL</b> <input type="checkbox"/> 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b> <input type="checkbox"/> 2	<b>RAIL GRADE CROSSING</b> <input type="checkbox"/> 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b> FROM <input type="checkbox"/> 4 TO <input type="checkbox"/> 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN	
<b>UNIT SPEED</b> <input type="checkbox"/> 10	<b>DETECTED SPEED</b> <input type="checkbox"/> 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
<b>POSTED SPEED</b> <input type="checkbox"/> 35	





