

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901		IR23-002796		HIT/SKIP <input checked="" type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR <input type="checkbox"/> 98 - ANIMAL <input type="checkbox"/> 99 - UNKNOWN	
COUNTY* 09		LOCALITY* <input checked="" type="checkbox"/> 1 - CITY <input type="checkbox"/> 2 - VILLAGE <input type="checkbox"/> 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield		CRASH DATE/TIME* 09/29/2023 16:05		CRASH SEVERITY <input checked="" type="checkbox"/> 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY							
LOCATION ROUTE TYPE SR		ROUTE NUMBER 4		PREFIX <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		LOCATION ROAD NAME		ROAD TYPE		LATITUDE 39.339037		LONGITUDE -84.533715			
REFERENCE ROUTE TYPE		ROUTE NUMBER		PREFIX <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5161		ROAD TYPE							
REFERENCE POINT <input checked="" type="checkbox"/> 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		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 SQ - 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 <input type="checkbox"/> ROADWAY DIVIDED							
DISTANCE FROM REFERENCE <input type="checkbox"/> 3		DISTANCE UNIT OF MEASURE <input type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS		LOCATION OF FIRST HARMFUL EVENT <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		MANNER OF CRASH COLLISION/IMPACT <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		DIRECTION OF TRAVEL <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		MEDIAN TYPE <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		WORK ZONE TYPE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER		LOCATION OF CRASH IN WORK ZONE <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		CONTOUR <input checked="" type="checkbox"/> 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN		CONDITIONS <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		SURFACE <input checked="" type="checkbox"/> 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN					
LIGHT CONDITION <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		WEATHER <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													
NARRATIVE On 9/29/2023 at around 4:05 P.M. Unit 1 pulled out of the parking lot of 5161 Dixie Highway to begin to travel west on Nilles Road and failed to yield the right of way and in so doing struck Unit 2 which was traveling west on Nilles Road. Unit 1 left the scene without exchanging any personal information.						DIAGRAM 									
CRASH REPORTED DATE/TIME 09/29/2023 16:05		DISPATCH DATE/TIME 09/29/2023 16:08		ARRIVAL DATE/TIME 09/29/2023 16:17		SCENE CLEARED DATE/TIME 09/29/2023 16:47		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)							
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 39		OFFICER'S NAME* Frazier, Connor		CHECKED BY OFFICER'S NAME* Meyer, Aaron		OFFICER'S BADGE NUMBER* 158		CHECKED BY OFFICER'S BADGE NUMBER* 132			

IR23-002796

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER																											
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)																													
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																											
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #																											
VEHICLE YEAR	VEHICLE MAKE																												
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #																											
TYPE OF USE		US DOT #																											
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		TOWED BY: COMPANY NAME																											
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS																											
<input type="checkbox"/> VEHICLE WEIGHT GVWR/GCWR	<input type="checkbox"/> 1 - <= 10K LBS. <input type="checkbox"/> 2 - 10,001 - 26K LBS. <input type="checkbox"/> 3 - >= 26K LBS.																												
UNIT TYPE	HAZARDOUS MATERIAL	CLASS # PLACARD ID #																											
<input type="checkbox"/> 1 - PASSENGER CAR <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 <input type="checkbox"/> 6 - MOTORCYCLE 2-WHEELED <input type="checkbox"/> 7 - MOTORCYCLE 3-WHEELED <input type="checkbox"/> 8 - AUTOCYCLE <input type="checkbox"/> 9 - MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> 10 - ALL TERRAIN VEHICLE (ATV/UTV) <input type="checkbox"/> 11 - GOLF CART <input type="checkbox"/> 12 - SNOWMOBILE <input type="checkbox"/> 13 - SINGLE UNIT TRUCK <input type="checkbox"/> 14 - SEMI-TRACTOR <input type="checkbox"/> 15 - FARM EQUIPMENT <input type="checkbox"/> 16 - MOTORHOME <input type="checkbox"/> 17 - LIMO (LIVERY VEHICLE) <input type="checkbox"/> 18 - BUS (16+ PASSENGERS) <input type="checkbox"/> 19 - OTHER VEHICLE <input type="checkbox"/> 20 - HEAVY EQUIPMENT <input type="checkbox"/> 21 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE <input type="checkbox"/> 22 - PEDESTRIAN/ SKATER <input type="checkbox"/> 23 - WHEELCHAIR (ANY TYPE) <input type="checkbox"/> 24 - OTHER NON-MOTORIST <input type="checkbox"/> 25 - BICYCLE <input type="checkbox"/> 26 - TRAIN <input type="checkbox"/> 27 - UNKNOWN OR HIT/SKIP	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																												
# OF TRAILING UNITS	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?																												
<input type="checkbox"/> 0	<input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION <input type="checkbox"/> 3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION <input type="checkbox"/> 9 - UNKNOWN																												
SPECIAL FUNCTION	<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - TAXI <input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING <input type="checkbox"/> 4 - SCHOOL TRANSPORT <input type="checkbox"/> 5 - BUS - TRANSIT /COMMUTER <input type="checkbox"/> 6 - BUS - CHARTER/TOUR <input type="checkbox"/> 7 - BUS - INTERCITY <input type="checkbox"/> 8 - BUS - SHUTTLE <input type="checkbox"/> 9 - BUS - OTHER <input type="checkbox"/> 10 - AMBULANCE <input type="checkbox"/> 11 - FIRE <input type="checkbox"/> 12 - MILITARY <input type="checkbox"/> 13 - POLICE <input type="checkbox"/> 14 - PUBLIC UTILITY <input type="checkbox"/> 15 - CONSTRUCTION EQUIPMENT <input type="checkbox"/> 16 - FARM <input type="checkbox"/> 17 - MOWING <input type="checkbox"/> 18 - SNOW REMOVAL <input type="checkbox"/> 19 - TOWING <input type="checkbox"/> 20 - SAFETY SERVICE PATROL <input type="checkbox"/> 21 - MAIL CARRIER <input type="checkbox"/> 99 - OTHER/UNKNOWN																												
CARGO BODY TYPE	<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE <input type="checkbox"/> 2 - BUS <input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE <input type="checkbox"/> 4 - LOGGING <input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 6 - CARGO VAN/ ENCLOSED BOX <input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL <input type="checkbox"/> 8 - POLE <input type="checkbox"/> 9 - CARGO TANK <input type="checkbox"/> 10 - FLAT BED <input type="checkbox"/> 11 - DUMP <input type="checkbox"/> 12 - CONCRETE MIXER <input type="checkbox"/> 13 - AUTO TRANSPORTER <input type="checkbox"/> 14 - GARBAGE/REFUSE <input type="checkbox"/> 99 - OTHER/UNKNOWN																												
VEHICLE DEFECTS	<input type="checkbox"/> 1 - TURN SIGNALS <input type="checkbox"/> 2 - HEAD LAMPS <input type="checkbox"/> 3 - TAIL LAMPS <input type="checkbox"/> 4 - BRAKES <input type="checkbox"/> 5 - STEERING <input type="checkbox"/> 6 - TIRE BLOWOUT <input type="checkbox"/> 7 - WORN OR SLICK TIRES <input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> 9 - MOTOR TROUBLE <input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> 99 - OTHER/UNKNOWN																												
NON-MOTORIST LOCATION AT IMPACT	<input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK <input type="checkbox"/> 3 - INTERSECTION - OTHER <input type="checkbox"/> 4 - MIDBLOCK - MARKED CROSSWALK <input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 6 - BICYCLE LANE <input type="checkbox"/> 7 - SHOULDER/ ROADSIDE <input type="checkbox"/> 8 - SIDEWALK <input type="checkbox"/> 9 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS <input type="checkbox"/> 12 - FIRST RESPONDER AT INCIDENT SCENE <input type="checkbox"/> 99 - OTHER/UNKNOWN																												
ACTION	<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"/> 6 - STRUCK PRE-CRASH ACTIONS <input type="checkbox"/> 7 - STRAIGHT AHEAD <input type="checkbox"/> 8 - BACKING <input type="checkbox"/> 9 - CHANGING LANES <input type="checkbox"/> 10 - OVERTAKING/ PASSING <input type="checkbox"/> 11 - MAKING RIGHT TURN <input type="checkbox"/> 12 - MAKING LEFT TURN <input type="checkbox"/> 13 - MAKING U-TURN <input type="checkbox"/> 8 - ENTERING TRAFFIC LANE <input type="checkbox"/> 9 - LEAVING TRAFFIC LANE <input type="checkbox"/> 10 - PARKED <input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> 12 - DRIVERLESS <input type="checkbox"/> 13 - NEGOTIATING A CURVE <input type="checkbox"/> 14 - ENTERING OR CROSSING SPECIFIED LOCATION <input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING <input type="checkbox"/> 16 - WORKING <input type="checkbox"/> 17 - PUSHING VEHICLE <input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 19 - STANDING <input type="checkbox"/> 20 - OTHER NON-MOTORIST <input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/> 99 - OTHER/UNKNOWN																												
CONTRIBUTING CIRCUMSTANCES	<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - FAILURE TO YIELD <input type="checkbox"/> 3 - RAN RED LIGHT <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 <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"/> 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"/> 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"/> 99 - OTHER IMPROPER ACTION																												
SEQUENCE OF EVENTS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">EVENTS</th> </tr> <tr> <td style="width:33%;"><input type="checkbox"/> 1 - OVERTURN/ ROLLOVER</td> <td style="width:33%;"><input type="checkbox"/> 6 - EQUIPMENT FAILURE</td> <td style="width:33%;"><input type="checkbox"/> 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL</td> </tr> <tr> <td><input type="checkbox"/> 2 - FIRE/EXPLOSION</td> <td><input type="checkbox"/> 7 - SEPARATION OF UNITS</td> <td><input type="checkbox"/> 12 - DOWNHILL RUNAWAY</td> </tr> <tr> <td><input type="checkbox"/> 3 - IMMERSION</td> <td><input type="checkbox"/> 8 - RAN OFF ROAD</td> <td><input type="checkbox"/> 13 - OTHER NON-COLLISION</td> </tr> <tr> <td><input type="checkbox"/> 4 - JACKKNIFE</td> <td><input type="checkbox"/> 9 - RAN OFF ROAD RIGHT</td> <td><input type="checkbox"/> 14 - PEDESTRIAN</td> </tr> <tr> <td><input type="checkbox"/> 5 - CARGO/EQUIPMENT LOSS OR SHIFT</td> <td><input type="checkbox"/> 10 - CROSS MEDIAN</td> <td><input type="checkbox"/> 15 - PEDALCYCLE</td> </tr> <tr> <td><input type="checkbox"/> 16 - RAILWAY VEHICLE</td> <td><input type="checkbox"/> 17 - ANIMAL - FARM</td> <td><input type="checkbox"/> 18 - ANIMAL - DEER</td> </tr> <tr> <td><input type="checkbox"/> 19 - ANIMAL - OTHER</td> <td><input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT</td> <td><input type="checkbox"/> 21 - PARKED MOTOR VEHICLE</td> </tr> <tr> <td><input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT</td> <td><input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</td> <td><input type="checkbox"/> 24 - OTHER MOVABLE OBJECT</td> </tr> </table>		EVENTS			<input type="checkbox"/> 1 - OVERTURN/ ROLLOVER	<input type="checkbox"/> 6 - EQUIPMENT FAILURE	<input type="checkbox"/> 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL	<input type="checkbox"/> 2 - FIRE/EXPLOSION	<input type="checkbox"/> 7 - SEPARATION OF UNITS	<input type="checkbox"/> 12 - DOWNHILL RUNAWAY	<input type="checkbox"/> 3 - IMMERSION	<input type="checkbox"/> 8 - RAN OFF ROAD	<input type="checkbox"/> 13 - OTHER NON-COLLISION	<input type="checkbox"/> 4 - JACKKNIFE	<input type="checkbox"/> 9 - RAN OFF ROAD RIGHT	<input type="checkbox"/> 14 - PEDESTRIAN	<input type="checkbox"/> 5 - CARGO/EQUIPMENT LOSS OR SHIFT	<input type="checkbox"/> 10 - CROSS MEDIAN	<input type="checkbox"/> 15 - PEDALCYCLE	<input type="checkbox"/> 16 - RAILWAY VEHICLE	<input type="checkbox"/> 17 - ANIMAL - FARM	<input type="checkbox"/> 18 - ANIMAL - DEER	<input type="checkbox"/> 19 - ANIMAL - OTHER	<input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/> 21 - PARKED MOTOR VEHICLE	<input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT	<input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	<input type="checkbox"/> 24 - OTHER MOVABLE OBJECT
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FIRST HARMFUL EVENT	<input type="checkbox"/> 1	MOST HARMFUL EVENT																											
<input type="checkbox"/> 1		<input type="checkbox"/> 1																											

DAMAGE	
DAMAGE SCALE	
<input type="checkbox"/> 9	<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - MINOR DAMAGE <input type="checkbox"/> 3 - FUNCTIONAL 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 checked="" type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
<input type="checkbox"/> 1	<input type="checkbox"/> 0 - NO DAMAGE <input type="checkbox"/> 1-12 - REFER TO UNIT DIAGRAM <input type="checkbox"/> 13 - TOP <input type="checkbox"/> 14 - UNDERCARRIAGE <input type="checkbox"/> 15 - VEHICLE NOT AT SCENE <input type="checkbox"/> 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
<input type="checkbox"/> 2	<input type="checkbox"/> 1 - ONE-WAY <input type="checkbox"/> 2 - TWO-WAY <input type="checkbox"/> 6 <input type="checkbox"/> 1 - ROUNDABOUT <input type="checkbox"/> 2 - SIGNAL <input type="checkbox"/> 3 - FLASHER <input type="checkbox"/> 4 - STOP SIGN <input type="checkbox"/> 5 - YIELD SIGN <input type="checkbox"/> 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 1 - NOT INVOLVED <input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING <input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM	TO
<input type="checkbox"/> 7	<input type="checkbox"/> 6
UNIT SPEED	DETECTED SPEED
<input type="checkbox"/> 35	<input type="checkbox"/> 3 <input type="checkbox"/> 1 - STATED/ESTIMATED SPEED <input type="checkbox"/> 2 - CALCULATED/EDR <input type="checkbox"/> 3 - UNDETERMINED
POSTED SPEED	
<input type="checkbox"/> 35	

