

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

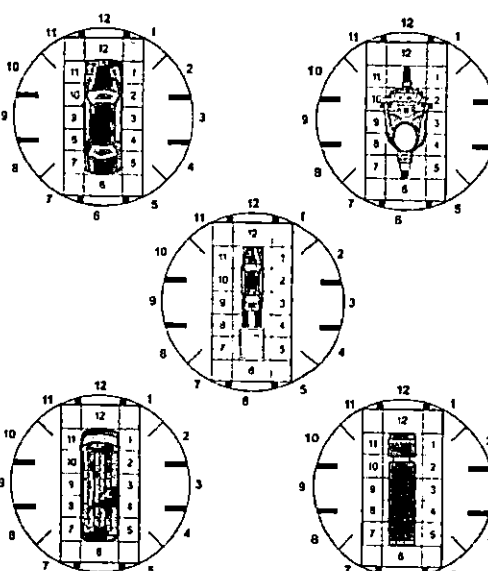
|                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                     |  |                                                                                                                                                                                                              |  |                                                                                                                                      |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input checked="" type="checkbox"/> PRIVATE PROPERTY                                                                                                                                                     |  |                                                                                                                                                                                                                    |  | OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/><br>OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                    |  |                                                                                                                                                                                                                                 |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901                                                                                                                                 |  |                                                                                                                                                                                                              |  | LOCAL REPORT NUMBER* 23022214                                                                                                        |  |  |  |
| COUNTY* 09                                                                                                                                                                                                                                                                                               |  | LOCALITY* 1-CITY<br>2-VILLAGE<br>3-TOWNSHIP 1                                                                                                                                                                      |  | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield                                                                                                                                                            |  |                                                                                                                                                                                                                                 |  | CRASH DATE/TIME* 03242023 2300                                                                                                                                                                                      |  |                                                                                                                                                                                                              |  | CRASH SEVERITY<br>1-FATAL 5<br>2-SERIOUS INJURY SUSPECTED<br>3-MINOR INJURY SUSPECTED<br>4-INJURY POSSIBLE<br>5-PROPERTY DAMAGE ONLY |  |  |  |
| ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                                                                                                                                              |  | LOCATION ROAD NAME<br>Sherwood                                                                                                                                                                                     |  | ROAD TYPE<br>D R                                                                                                                                                                                                |  | LATITUDE DECIMAL DEGREES<br>39.333094                                                                                                                                                                                           |  | LONGITUDE DECIMAL DEGREES<br>-84.529275                                                                                                                                                                             |  |                                                                                                                                                                                                              |  |                                                                                                                                      |  |  |  |
| ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                                                                                                                                              |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>1500                                                                                                                                                              |  | ROAD TYPE                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                     |  |                                                                                                                                                                                                              |  |                                                                                                                                      |  |  |  |
| REFERENCE POINT<br>1-INTERSECTION 3<br>2-MILE POST<br>3-HOUSE #                                                                                                                                                                                                                                          |  | DIRECTION FROM REFERENCE<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                                                                 |  | ROUTE TYPE<br>IR-INTERSTATE ROUTE(TP)<br>US-FEDERAL US ROUTE<br>SR-STATE ROUTE<br>CR-NUMBERED COUNTY ROUTE<br>TR-NUMBERED TOWNSHIP ROUTE                                                                        |  | ROAD TYPE<br>AL-ALLEY HW-HIGHWAY RD-ROAD<br>AV-AVENUE LA-LANE SQ-SQUARE<br>BL-BOULEVARD MP-MILEPOST ST-STREET<br>CR-CIRCLE OV-OVAL TE-TERRACE<br>CT-COURT PK-PARKWAY TL-TRAIL<br>DR-DRIVE PI-PIKE WA-WAY<br>HE-HEIGHTS PL-PLACE |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  |                                                                                                                                                                                                              |  |                                                                                                                                      |  |  |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1-ON ROADWAY 06<br>2-ON SHOULDER<br>3-IN MEDIAN<br>4-ON ROADSIDE<br>5-ON GORE<br>6-OUTSIDE TRAFFIC WAY<br>7-ON RAMP<br>8-OFF RAMP                                                                                                                                     |  |                                                                                                                                                                                                                    |  | MANNER OF CRASH COLLISION/IMPACT<br>1-NOT COLLISION 9<br>2-REAR-END<br>3-HEAD-ON<br>4-REAR-TO-REAR<br>5-BACKING<br>6-ANGLE<br>7-SIDESWIPE, SAME DIRECTION<br>8-SIDESWIPE, OPPOSITE DIRECTION<br>9-OTHER/UNKNOWN |  |                                                                                                                                                                                                                                 |  | DIRECTION OF TRAVEL<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                                                                       |  | MEDIAN TYPE<br>1-DIVIDED FLUSH MEDIAN (<4 FEET)<br>2-DIVIDED FLUSH MEDIAN (>4 FEET)<br>3-DIVIDED, DEPRESSED MEDIAN<br>4-DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9-OTHER/UNKNOWN                                 |  |                                                                                                                                      |  |  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                |  | WORK ZONE TYPE<br>1-LANE CLOSURE<br>2-LANE SHIFT/CROSSOVER<br>3-WORK ON SHOULDER OR MEDIAN<br>4-INTERMITTENT OR MOVING WORK<br>5-OTHER                                                                             |  | LOCATION OF CRASH IN WORK ZONE<br>1-BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2-ADVANCE WARNING AREA<br>3-TRANSITION AREA<br>4-ACTIVITY AREA<br>5-TERMINATION AREA                                               |  | CONTOUR<br>1<br>1-STRAIGHT LEVEL<br>2-STRAIGHT GRADE<br>3-CURVE LEVEL<br>4-CURVE GRADE<br>9-OTHER/UNKNOWN                                                                                                                       |  | CONDITIONS<br>1<br>1-DRY<br>2-WET<br>3-SNOW<br>4-ICE<br>5-SAND, MUD, DIRT, OIL, GRAVEL<br>6-WATER (STANDING, MOVING)<br>7-SLUSH<br>9-OTHER/UNKNOWN                                                                  |  | SURFACE<br>2<br>1-CONCRETE<br>2-BLACKTOP, BITUMINOUS, ASPHALT<br>3-BRICK/BLOCK<br>4-SLAG, GRAVEL, STONE<br>5-DIRT<br>9-OTHER/UNKNOWN                                                                         |  |                                                                                                                                      |  |  |  |
| LIGHT CONDITION<br>1-DAYLIGHT 9<br>2-DAWN/DUSK<br>3-DARK-LIGHTED ROADWAY<br>4-DARK-ROADWAY NOT LIGHTED<br>5-DARK-UNKNOWN ROADWAY LIGHTING<br>9-OTHER/UNKNOWN                                                                                                                                             |  | WEATHER<br>1-CLEAR 99<br>2-CLOUDY<br>3-FOG, SMOG, SMOKE<br>4-RAIN<br>5-SLEET, HAIL<br>6-SNOW<br>7-SEVERE CROSSWINDS<br>8-BLOWING SAND, SOIL, DIRT, SNOW<br>9-FREEZING RAIN OR FREEZING DRIZZLE<br>99-OTHER/UNKNOWN |  |                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                     |  |                                                                                                                                                                                                              |  |                                                                                                                                      |  |  |  |
| NARRATIVE<br>On 3/25/23 at 3:34 P.M. Unit 2 reported significant damage made to the front end while parked in the parking lot of 1500 Sherwood Drive building 1, by Unit 1 in between the hours of 11:00 P.M. on 3/24/23 and 3:00 P.M. on 3/25/23. Unit 1 left the scene without contacting authorities. |  |                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                     |  |                                                                                                                                                                                                              |  | Indicate the north direction with an "N" on the compass diagram.                                                                     |  |  |  |
| CRASH REPORTED DATE/TIME<br>03252023 1534                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                    |  | DISPATCH DATE/TIME<br>03252023 1541                                                                                                                                                                             |  |                                                                                                                                                                                                                                 |  | ARRIVAL DATE/TIME<br>03252023 1541                                                                                                                                                                                  |  |                                                                                                                                                                                                              |  | SCENE CLEARED DATE/TIME<br>03252023 1554                                                                                             |  |  |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                           |  | OTHER INVESTIGATION TIME<br>20                                                                                                                                                                                     |  | TOTAL MINUTES<br>23                                                                                                                                                                                             |  | OFFICER'S NAME*<br>N. Davis                                                                                                                                                                                                     |  | CHECKED BY OFFICER'S NAME*<br>D. Pote                                                                                                                                                                               |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO REPS) |  |                                                                                                                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                 |  | OFFICER'S BADGE NUMBER*<br>169                                                                                                                                                                                                  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>130                                                                                                                                                                           |  |                                                                                                                                                                                                              |  |                                                                                                                                      |  |  |  |

**UNIT**

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          |                                                                                              |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>OWNER</b>    | <b>UNIT #</b><br>011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>OWNER NAME: LAST, FIRST, MIDDLE</b> (SAME AS DRIVER)  | <b>OWNER PHONE: EXCLUDE AREA CODE</b> (SAME AS DRIVER)                                       |
|                 | <b>OWNER ADDRESS: STREET, CITY, STATE, ZIP</b> (SAME AS DRIVER)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          |                                                                                              |
| <b>VEHICLE</b>  | <b>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          | <b>COMMERCIAL CARRIER PHONE: EXCLUDE AREA CODE</b>                                           |
|                 | <b>LP STATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>LICENSE PLATE #</b>                                   | <b>VEHICLE IDENTIFICATION #</b>                                                              |
| <b>EVENT(S)</b> | <input type="checkbox"/> <b>INSURANCE VERIFIED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>INSURANCE COMPANY</b>                                 | <b>INSURANCE POLICY #</b>                                                                    |
|                 | <input type="checkbox"/> <b>COMMERCIAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> <b>GOVERNMENT</b>               | <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>                                        |
| <b>VEHICLE</b>  | <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b>#OCCUPANTS</b>                                                                            |
|                 | <b>TYPE OF USE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          | <b>US DOT #</b>                                                                              |
| <b>VEHICLE</b>  | <b>HAZARDOUS MATERIAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          | <b>TOWED BY: COMPANY NAME</b>                                                                |
|                 | <input type="checkbox"/> <b>MATERIAL RELEASED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          | <input type="checkbox"/> <b>PLACARD</b>                                                      |
| <b>VEHICLE</b>  | <b>VEHICLE WEIGHT GVWR/GCWR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          | <b>HAZARDOUS MATERIAL CLASS # PLACARD ID #</b>                                               |
|                 | <b>1 - &lt;10K LBS.</b><br><b>2 - 10,001 - 26K LBS.</b><br><b>3 - &gt;26K LBS.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                                                              |
| <b>VEHICLE</b>  | <b>UNIT TYPE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          | <b>HAZARDOUS MATERIAL</b>                                                                    |
|                 | <b>1 - PASSENGER CAR</b><br><b>2 - PASSENGER VAN (MINIVAN)</b><br><b>3 - SPORT UTILITY VEHICLE</b><br><b>4 - PICKUP</b><br><b>5 - CARGOVAN</b><br><b>6 - VAN (9-15 SEATS)</b><br><b>7 - MOTORCYCLE 2-WHEELED</b><br><b>8 - MOTORCYCLE 3-WHEELED</b><br><b>9 - AUTOCYCLE</b><br><b>10 - MOPED OR MOTORIZED BICYCLE</b><br><b>11 - ALL TERRAIN VEHICLE (ATV/UTV)</b><br><b>12 - GOLF CART</b><br><b>13 - SNOWMOBILE</b><br><b>14 - SINGLE UNIT TRUCK</b><br><b>15 - SEMI-TRACTOR</b><br><b>16 - FARM EQUIPMENT</b><br><b>17 - MOTORHOME</b><br><b>18 - LIMO (LIVERY VEHICLE)</b><br><b>19 - BUS (15+ PASSENGERS)</b><br><b>20 - OTHER VEHICLE</b><br><b>21 - HEAVY EQUIPMENT</b><br><b>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</b><br><b>23 - PEDESTRIAN / SKATER</b><br><b>24 - WHEELCHAIR (ANY TYPE)</b><br><b>25 - OTHER NON-MOTORIST</b><br><b>26 - BICYCLE</b><br><b>27 - TRAIN</b><br><b>99 - UNKNOWN OR HIT/SKIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                                                              |
| <b>VEHICLE</b>  | <b># OF TRAILING UNITS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          | <b>HAZARDOUS MATERIAL</b>                                                                    |
|                 | <b>1 - PASSENGER CAR</b><br><b>2 - PASSENGER VAN (MINIVAN)</b><br><b>3 - SPORT UTILITY VEHICLE</b><br><b>4 - PICKUP</b><br><b>5 - CARGOVAN</b><br><b>6 - VAN (9-15 SEATS)</b><br><b>7 - MOTORCYCLE 2-WHEELED</b><br><b>8 - MOTORCYCLE 3-WHEELED</b><br><b>9 - AUTOCYCLE</b><br><b>10 - MOPED OR MOTORIZED BICYCLE</b><br><b>11 - ALL TERRAIN VEHICLE (ATV/UTV)</b><br><b>12 - GOLF CART</b><br><b>13 - SNOWMOBILE</b><br><b>14 - SINGLE UNIT TRUCK</b><br><b>15 - SEMI-TRACTOR</b><br><b>16 - FARM EQUIPMENT</b><br><b>17 - MOTORHOME</b><br><b>18 - LIMO (LIVERY VEHICLE)</b><br><b>19 - BUS (15+ PASSENGERS)</b><br><b>20 - OTHER VEHICLE</b><br><b>21 - HEAVY EQUIPMENT</b><br><b>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</b><br><b>23 - PEDESTRIAN / SKATER</b><br><b>24 - WHEELCHAIR (ANY TYPE)</b><br><b>25 - OTHER NON-MOTORIST</b><br><b>26 - BICYCLE</b><br><b>27 - TRAIN</b><br><b>99 - UNKNOWN OR HIT/SKIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                                                              |
| <b>VEHICLE</b>  | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          | <b>HAZARDOUS MATERIAL</b>                                                                    |
|                 | <b>1 - YES 2 - NO 9 - OTHER / UNKNOWN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          | <input type="checkbox"/> <b>MATERIAL RELEASED</b><br><input type="checkbox"/> <b>PLACARD</b> |
| <b>VEHICLE</b>  | <b>AUTONOMOUS MODE LEVEL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | <b>HAZARDOUS MATERIAL</b>                                                                    |
|                 | <b>0 - NO AUTOMATION</b><br><b>1 - DRIVER ASSISTANCE</b><br><b>2 - PARTIAL AUTOMATION</b><br><b>3 - CONDITIONAL AUTOMATION</b><br><b>4 - HIGH AUTOMATION</b><br><b>5 - FULL AUTOMATION</b><br><b>9 - UNKNOWN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          | <input type="checkbox"/> <b>MATERIAL RELEASED</b><br><input type="checkbox"/> <b>PLACARD</b> |
| <b>VEHICLE</b>  | <b>SPECIAL FUNCTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          | <b>HAZARDOUS MATERIAL</b>                                                                    |
|                 | <b>1 - NONE</b><br><b>2 - TAXI</b><br><b>3 - ELECTRONIC RIDE SHARING</b><br><b>4 - SCHOOL TRANSPORT</b><br><b>5 - BUS - TRANSIT/COMMUTER</b><br><b>6 - BUS - CHARTER/TOUR</b><br><b>7 - BUS - INTERCITY</b><br><b>8 - BUS - SHUTTLE</b><br><b>9 - BUS - OTHER</b><br><b>10 - AMBULANCE</b><br><b>11 - FIRE</b><br><b>12 - MILITARY</b><br><b>13 - POLICE</b><br><b>14 - PUBLIC UTILITY</b><br><b>15 - CONSTRUCTION EQUIPMENT</b><br><b>16 - FARM</b><br><b>17 - MOWING</b><br><b>18 - SNOW REMOVAL</b><br><b>19 - TOWING</b><br><b>20 - SAFETY SERVICE PATROL</b><br><b>21 - MAIL CARRIER</b><br><b>99 - OTHER / UNKNOWN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | <input type="checkbox"/> <b>MATERIAL RELEASED</b><br><input type="checkbox"/> <b>PLACARD</b> |
| <b>VEHICLE</b>  | <b>CARGO BODY TYPE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          | <b>HAZARDOUS MATERIAL</b>                                                                    |
|                 | <b>1 - NO CARGO BODY TYPE / NOT APPLICABLE</b><br><b>2 - BUS</b><br><b>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE</b><br><b>4 - LOGGING</b><br><b>5 - INTERMODAL CONTAINER CHASSIS</b><br><b>6 - CARGOVAN/ENCLOSED BOX</b><br><b>7 - GRAIN/CHIPS/GRAVEL</b><br><b>8 - POLE</b><br><b>9 - CARGO TANK</b><br><b>10 - FLAT BED</b><br><b>11 - DUMP</b><br><b>12 - CONCRETE MIXER</b><br><b>13 - AUTO TRANSPORTER</b><br><b>14 - GARBAGE/REFUSE</b><br><b>99 - OTHER / UNKNOWN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | <input type="checkbox"/> <b>MATERIAL RELEASED</b><br><input type="checkbox"/> <b>PLACARD</b> |
| <b>VEHICLE</b>  | <b>VEHICLE DEFECTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          | <b>HAZARDOUS MATERIAL</b>                                                                    |
|                 | <b>1 - TURN SIGNALS</b><br><b>2 - HEAD LAMPS</b><br><b>3 - TAIL LAMPS</b><br><b>4 - BRAKES</b><br><b>5 - STEERING</b><br><b>6 - TIRE BLOWOUT</b><br><b>7 - WORN OR SLICK TIRES</b><br><b>8 - TRAILER EQUIPMENT DEFECTIVE</b><br><b>9 - MOTOR TROUBLE</b><br><b>10 - DISABLED FROM PRIOR ACCIDENT</b><br><b>99 - OTHER / UNKNOWN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          | <input type="checkbox"/> <b>MATERIAL RELEASED</b><br><input type="checkbox"/> <b>PLACARD</b> |
| <b>VEHICLE</b>  | <b>NON-MOTORIST LOCATION AT IMPACT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          | <b>HAZARDOUS MATERIAL</b>                                                                    |
|                 | <b>1 - INTERSECTION - MARKED CROSSWALK</b><br><b>2 - INTERSECTION - UNMARKED CROSSWALK</b><br><b>3 - INTERSECTION - OTHER</b><br><b>4 - MIDBLOCK - MARKED CROSSWALK</b><br><b>5 - TRAVEL LANE - OTHER LOCATION</b><br><b>6 - BICYCLE LANE</b><br><b>7 - SHOULDER / ROADSIDE</b><br><b>8 - SIDEWALK</b><br><b>9 - MEDIAN/CROSSING ISLAND</b><br><b>10 - DRIVEWAY ACCESS</b><br><b>11 - SHARED USE PATHS OR TRAILS</b><br><b>12 - FIRST RESPONDER AT INCIDENT SCENE</b><br><b>99 - OTHER / UNKNOWN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          | <input type="checkbox"/> <b>MATERIAL RELEASED</b><br><input type="checkbox"/> <b>PLACARD</b> |
| <b>VEHICLE</b>  | <b>ACTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          | <b>HAZARDOUS MATERIAL</b>                                                                    |
|                 | <b>1 - NON-CONTACT</b><br><b>2 - NON-COLLISION</b><br><b>3 - STRIKING</b><br><b>4 - STRUCK</b><br><b>5 - BOTH STRIKING &amp; STRUCK</b><br><b>9 - OTHER / UNKNOWN</b><br><b>1 - STRAIGHT AHEAD</b><br><b>2 - BACKING</b><br><b>3 - CHANGING LANES</b><br><b>4 - OVERTAKING/PASSING</b><br><b>5 - MAKING RIGHT TURN</b><br><b>6 - MAKING LEFT TURN</b><br><b>7 - MAKING U-TURN</b><br><b>8 - ENTERING TRAFFIC LANE</b><br><b>9 - LEAVING TRAFFIC LANE</b><br><b>10 - PARKED</b><br><b>11 - SLOWING OR STOPPED IN TRAFFIC</b><br><b>12 - DRIVERLESS</b><br><b>13 - NEGOTIATING A CURVE</b><br><b>14 - ENTERING OR CROSSING SPECIFIED LOCATION</b><br><b>15 - WALKING, RUNNING, JOGGING, PLAYING</b><br><b>16 - WORKING</b><br><b>17 - PUSHING VEHICLE</b><br><b>18 - APPROACHING OR LEAVING VEHICLE</b><br><b>19 - STANDING</b><br><b>20 - OTHER NON-MOTORIST</b><br><b>21 - STANDING OUTSIDE DISABLED VEHICLE</b><br><b>99 - OTHER / UNKNOWN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          | <input type="checkbox"/> <b>MATERIAL RELEASED</b><br><input type="checkbox"/> <b>PLACARD</b> |
| <b>VEHICLE</b>  | <b>CONTRIBUTING CIRCUMSTANCES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          | <b>HAZARDOUS MATERIAL</b>                                                                    |
|                 | <b>1 - NONE</b><br><b>2 - FAILURE TO YIELD</b><br><b>3 - RAN RED LIGHT</b><br><b>4 - RAN STOP SIGN</b><br><b>5 - UNSAFE SPEED</b><br><b>6 - IMPROPER TURN</b><br><b>7 - LEFT OF CENTER</b><br><b>8 - FOLLOWING TOO CLOSE / ACDA</b><br><b>9 - IMPROPER LANE CHANGE</b><br><b>10 - IMPROPER PASSING</b><br><b>11 - DROVE OFF ROAD</b><br><b>12 - IMPROPER BACKING</b><br><b>13 - IMPROPER START FROM A PARKED POSITION</b><br><b>14 - STOPPED OR PARKED ILLEGALLY</b><br><b>15 - SWERVING TO AVOID</b><br><b>16 - WRONG WAY</b><br><b>17 - VISION OBSTRUCTION</b><br><b>18 - OPERATING DEFECTIVE EQUIPMENT</b><br><b>19 - LOAD SHIFTING/FALLING/SPILLING</b><br><b>20 - IMPROPER CROSSING</b><br><b>21 - LYING IN ROADWAY</b><br><b>22 - NOT DISCERNIBLE</b><br><b>23 - OPENING DOOR INTO ROADWAY</b><br><b>99 - OTHER IMPROPER ACTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          | <input type="checkbox"/> <b>MATERIAL RELEASED</b><br><input type="checkbox"/> <b>PLACARD</b> |
| <b>VEHICLE</b>  | <b>SEQUENCE OF EVENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          | <b>HAZARDOUS MATERIAL</b>                                                                    |
|                 | <b>1 - OVERTURN/ROLLOVER</b><br><b>2 - FIRE/EXPLOSION</b><br><b>3 - IMMERSION</b><br><b>4 - JACKKNIFE</b><br><b>5 - CARGO / EQUIPMENT LOSS OR SHIFT</b><br><b>6 - EQUIPMENT FAILURE</b><br><b>7 - SEPARATION OF UNITS</b><br><b>8 - RAN OFF ROAD RIGHT</b><br><b>9 - RAN OFF ROAD LEFT</b><br><b>10 - CROSS MEDIAN</b><br><b>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</b><br><b>12 - DOWNHILL RUNAWAY</b><br><b>13 - OTHER NON-COLLISION</b><br><b>14 - PEDESTRIAN</b><br><b>15 - PEDALCYCLE</b><br><b>16 - RAILWAY VEHICLE</b><br><b>17 - ANIMAL - FARM</b><br><b>18 - ANIMAL - DEER</b><br><b>19 - ANIMAL - OTHER</b><br><b>20 - MOTOR VEHICLE IN TRANSPORT</b><br><b>21 - PARKED MOTOR VEHICLE</b><br><b>22 - WORK ZONE MAINTENANCE EQUIPMENT</b><br><b>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</b><br><b>24 - OTHER MOVABLE OBJECT</b><br><b>25 - IMPACT ATTENUATOR / CRASH CUSHION</b><br><b>26 - BRIDGE OVERHEAD STRUCTURE</b><br><b>27 - BRIDGE PIER OR ABUTMENT</b><br><b>28 - BRIDGE PARAPET</b><br><b>29 - BRIDGE RAIL</b><br><b>30 - GUARDRAIL FACE</b><br><b>31 - GUARDRAIL END</b><br><b>32 - PORTABLE BARRIER</b><br><b>33 - MEDIAN CABLE BARRIER</b><br><b>34 - MEDIAN GUARDRAIL BARRIER</b><br><b>35 - MEDIAN CONCRETE BARRIER</b><br><b>36 - MEDIAN OTHER BARRIER</b><br><b>37 - TRAFFIC SIGN POST</b><br><b>38 - OVERHEAD SIGN POST</b><br><b>39 - LIGHT / LUMINARIES SUPPORT</b><br><b>40 - UTILITY POLE</b><br><b>41 - OTHER POST, POLE OR SUPPORT</b><br><b>42 - CULVERT</b><br><b>43 - CURB</b><br><b>44 - DITCH</b><br><b>45 - EMBANKMENT</b><br><b>46 - FENCE</b><br><b>47 - MAILBOX</b><br><b>48 - TREE</b><br><b>49 - FIRE HYDRANT</b><br><b>50 - WORK ZONE MAINTENANCE EQUIPMENT</b><br><b>51 - WALL</b><br><b>52 - BUILDING</b><br><b>53 - TUNNEL</b><br><b>54 - OTHER FIXED OBJECT</b><br><b>99 - OTHER / UNKNOWN</b> |                                                          | <input type="checkbox"/> <b>MATERIAL RELEASED</b><br><input type="checkbox"/> <b>PLACARD</b> |
| <b>VEHICLE</b>  | <b>FIRST HARMFUL EVENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          | <b>HAZARDOUS MATERIAL</b>                                                                    |
|                 | <b>1 - OVERTURN/ROLLOVER</b><br><b>2 - FIRE/EXPLOSION</b><br><b>3 - IMMERSION</b><br><b>4 - JACKKNIFE</b><br><b>5 - CARGO / EQUIPMENT LOSS OR SHIFT</b><br><b>6 - EQUIPMENT FAILURE</b><br><b>7 - SEPARATION OF UNITS</b><br><b>8 - RAN OFF ROAD RIGHT</b><br><b>9 - RAN OFF ROAD LEFT</b><br><b>10 - CROSS MEDIAN</b><br><b>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</b><br><b>12 - DOWNHILL RUNAWAY</b><br><b>13 - OTHER NON-COLLISION</b><br><b>14 - PEDESTRIAN</b><br><b>15 - PEDALCYCLE</b><br><b>16 - RAILWAY VEHICLE</b><br><b>17 - ANIMAL - FARM</b><br><b>18 - ANIMAL - DEER</b><br><b>19 - ANIMAL - OTHER</b><br><b>20 - MOTOR VEHICLE IN TRANSPORT</b><br><b>21 - PARKED MOTOR VEHICLE</b><br><b>22 - WORK ZONE MAINTENANCE EQUIPMENT</b><br><b>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</b><br><b>24 - OTHER MOVABLE OBJECT</b><br><b>25 - IMPACT ATTENUATOR / CRASH CUSHION</b><br><b>26 - BRIDGE OVERHEAD STRUCTURE</b><br><b>27 - BRIDGE PIER OR ABUTMENT</b><br><b>28 - BRIDGE PARAPET</b><br><b>29 - BRIDGE RAIL</b><br><b>30 - GUARDRAIL FACE</b><br><b>31 - GUARDRAIL END</b><br><b>32 - PORTABLE BARRIER</b><br><b>33 - MEDIAN CABLE BARRIER</b><br><b>34 - MEDIAN GUARDRAIL BARRIER</b><br><b>35 - MEDIAN CONCRETE BARRIER</b><br><b>36 - MEDIAN OTHER BARRIER</b><br><b>37 - TRAFFIC SIGN POST</b><br><b>38 - OVERHEAD SIGN POST</b><br><b>39 - LIGHT / LUMINARIES SUPPORT</b><br><b>40 - UTILITY POLE</b><br><b>41 - OTHER POST, POLE OR SUPPORT</b><br><b>42 - CULVERT</b><br><b>43 - CURB</b><br><b>44 - DITCH</b><br><b>45 - EMBANKMENT</b><br><b>46 - FENCE</b><br><b>47 - MAILBOX</b><br><b>48 - TREE</b><br><b>49 - FIRE HYDRANT</b><br><b>50 - WORK ZONE MAINTENANCE EQUIPMENT</b><br><b>51 - WALL</b><br><b>52 - BUILDING</b><br><b>53 - TUNNEL</b><br><b>54 - OTHER FIXED OBJECT</b><br><b>99 - OTHER / UNKNOWN</b> |                                                          | <input type="checkbox"/> <b>MATERIAL RELEASED</b><br><input type="checkbox"/> <b>PLACARD</b> |

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

|         |                                                                                                                        |                                                  |                                                                                                                                                                 |                                                   |               |
|---------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------|
| OWNER   | UNIT #                                                                                                                 | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) |                                                                                                                                                                 | OWNER PHONE: (INCLUDE AREA CODE) (SAME AS DRIVER) |               |
|         | 012                                                                                                                    | Reynoso Mendez, Jaime Noe                        |                                                                                                                                                                 |                                                   |               |
| VEHICLE | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)                                                               |                                                  | COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)                                                                                                                   |                                                   |               |
|         | 1500 Sherwood Dr. Bldg 1 Apt. 1K Fairfield, OH 45014                                                                   |                                                  |                                                                                                                                                                 |                                                   |               |
| VEHICLE | LP STATE                                                                                                               | LICENSE PLATE #                                  | VEHICLE IDENTIFICATION #                                                                                                                                        | VEHICLE YEAR                                      | VEHICLE MAKE  |
|         | OH                                                                                                                     | JWT7019                                          | 19XFB2E54DE039562                                                                                                                                               | 2013                                              | Honda         |
| VEHICLE | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                 | INSURANCE COMPANY                                | INSURANCE POLICY #                                                                                                                                              | COLOR                                             | VEHICLE MODEL |
|         |                                                                                                                        | Progressive                                      | 967912787                                                                                                                                                       | Maroon                                            | Civic         |
| VEHICLE | TYPE OF USE                                                                                                            |                                                  | US DOT #                                                                                                                                                        | TOWED BY: COMPANY NAME                            |               |
|         | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                  |                                                                                                                                                                 |                                                   |               |
| VEHICLE | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                                                                     | <input type="checkbox"/> HIT/SKIP UNIT           | #OCCUPANTS                                                                                                                                                      | HAZARDOUS MATERIAL                                |               |
|         |                                                                                                                        |                                                  | 00                                                                                                                                                              | CLASS # PLACARD ID #                              |               |
| VEHICLE | UNIT TYPE                                                                                                              |                                                  | VEHICLE WEIGHT GVWR/GCWR                                                                                                                                        |                                                   |               |
|         | 01                                                                                                                     |                                                  | 1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                                                                                                         |                                                   |               |
| VEHICLE | # OF TRAILING UNITS                                                                                                    |                                                  | HAZARDOUS MATERIAL                                                                                                                                              |                                                   |               |
|         | 0                                                                                                                      |                                                  | CLASS # PLACARD ID #                                                                                                                                            |                                                   |               |
| VEHICLE | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                                                          |                                                  | AUTONOMOUS MODE LEVEL                                                                                                                                           |                                                   |               |
|         | 2                                                                                                                      |                                                  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN |                                                   |               |
| VEHICLE | SPECIAL FUNCTION                                                                                                       |                                                  | VEHICLE WEIGHT GVWR/GCWR                                                                                                                                        |                                                   |               |
|         | 01                                                                                                                     |                                                  | 1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                                                                                                         |                                                   |               |
| VEHICLE | CARGO BODY TYPE                                                                                                        |                                                  | HAZARDOUS MATERIAL                                                                                                                                              |                                                   |               |
|         | 01                                                                                                                     |                                                  | CLASS # PLACARD ID #                                                                                                                                            |                                                   |               |
| VEHICLE | VEHICLE DEFECTS                                                                                                        |                                                  | HAZARDOUS MATERIAL                                                                                                                                              |                                                   |               |
|         | 01                                                                                                                     |                                                  | CLASS # PLACARD ID #                                                                                                                                            |                                                   |               |
| VEHICLE | NON-MOTORIST LOCATION AT IMPACT                                                                                        |                                                  | HAZARDOUS MATERIAL                                                                                                                                              |                                                   |               |
|         | 01                                                                                                                     |                                                  | CLASS # PLACARD ID #                                                                                                                                            |                                                   |               |
| VEHICLE | ACTION                                                                                                                 |                                                  | HAZARDOUS MATERIAL                                                                                                                                              |                                                   |               |
|         | 01                                                                                                                     |                                                  | CLASS # PLACARD ID #                                                                                                                                            |                                                   |               |
| VEHICLE | CONTRIBUTING CIRCUMSTANCES                                                                                             |                                                  | HAZARDOUS MATERIAL                                                                                                                                              |                                                   |               |
|         | 01                                                                                                                     |                                                  | CLASS # PLACARD ID #                                                                                                                                            |                                                   |               |
| VEHICLE | SEQUENCE OF EVENTS                                                                                                     |                                                  | HAZARDOUS MATERIAL                                                                                                                                              |                                                   |               |
|         | 01                                                                                                                     |                                                  | CLASS # PLACARD ID #                                                                                                                                            |                                                   |               |
| VEHICLE | FIRST HARMFUL EVENT                                                                                                    |                                                  | HAZARDOUS MATERIAL                                                                                                                                              |                                                   |               |
|         | 01                                                                                                                     |                                                  | CLASS # PLACARD ID #                                                                                                                                            |                                                   |               |
| VEHICLE | MOST HARMFUL EVENT                                                                                                     |                                                  | HAZARDOUS MATERIAL                                                                                                                                              |                                                   |               |
|         | 01                                                                                                                     |                                                  | CLASS # PLACARD ID #                                                                                                                                            |                                                   |               |

|                                                                                                                                                                                                                    |                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER                                                                                                                                                                                                |                                                                                         |
| 23022214                                                                                                                                                                                                           |                                                                                         |
| DAMAGE                                                                                                                                                                                                             |                                                                                         |
| DAMAGE SCALE                                                                                                                                                                                                       |                                                                                         |
| 2 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                                           |                                                                                         |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                                         |                                                                                         |
|                                                                                                                                 |                                                                                         |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]<br><input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15]<br><input type="checkbox"/> UNIT NOT AT SCENE [16] |                                                                                         |
| INITIAL POINT OF CONTACT                                                                                                                                                                                           |                                                                                         |
| 0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN                                                                                                |                                                                                         |
| TRAFFIC                                                                                                                                                                                                            |                                                                                         |
| TRAFFICWAY FLOW                                                                                                                                                                                                    | TRAFFIC CONTROL                                                                         |
| 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                                         | 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD                                                                                                                                                                                         | RAIL GRADE CROSSING                                                                     |
| 1                                                                                                                                                                                                                  | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING       |
| UNIT / NON-MOTORIST DIRECTION                                                                                                                                                                                      |                                                                                         |
| FROM 5 TO 8<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                                                       |                                                                                         |
| UNIT SPEED                                                                                                                                                                                                         | DETECTED SPEED                                                                          |
| 0                                                                                                                                                                                                                  | 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                |
| POSTED SPEED                                                                                                                                                                                                       |                                                                                         |
|                                                                                                                                                                                                                    |                                                                                         |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 3 0 2 2 2 1 4

| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UNIT #<br>0 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME: LAST, FIRST, MIDDLE                                                                                                       |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                            | DATE OF BIRTH                                                                                                                                                            |                                                  | AGE<br>0                              | GENDER             |                                                       |              |          |                  |         |          |                   |                    |             |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                 |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                                         |  |                                                                                                  |  |                                                                                                                                                                                              |  |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                   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