



## TRAFFIC CRASH REPORT

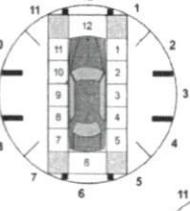
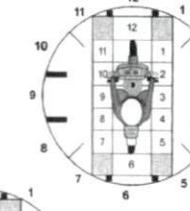
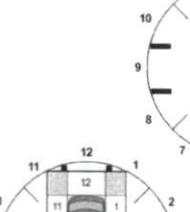
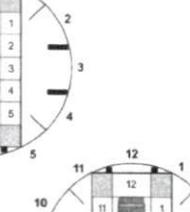
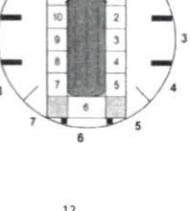
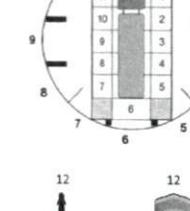
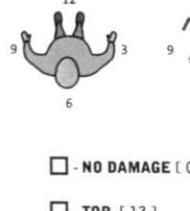
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL INFORMATION		LOCAL REPORT NUMBER*	
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME*		NCIC*		2 2 0 0 3 2 8 0	
		Fairfield Police Department		0 0 9 0 1		HIT/SKIP	NUMBER OF UNITS
						2 1-SOLVED	0 2
						2 2-UNRESOLVED	
COUNTY* 0 9		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME* 0 1 1 5 2 0 2 2 1 0 0 0	
				City of Fairfield		CRASH SEVERITY 5	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Cincinnati Mills	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 3 9 3 0 5 0 8 3	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 100	ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 5 1 9 6 1 9	
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1-INTERSECTION 2-MILE POST 3-HOUSE #	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <span style="float: right;">NUMBER OF APPROACHES</span> <span style="background-color: black; color: white; padding: 2px;">ROADWAY</span>		
DISTANCE FROM REFERENCE 0 6	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS				ROADWAY DIVIDED <input type="checkbox"/>		
LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP			MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-END 5-HEAD-ON		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN			WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL		1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN
NARRATIVE Unit 2 was parked unoccupied in the parking lot of Kohl's around 1000 hours. Unit 2 was struck by unit 1, an unknown vehicle. There is no suspects or video footage of the crash at this time. Photographs of unit 2 were taken showing red paint transfer on unit 2's vehicle.							
Indicate the north direction with an "N" on the compass diagram.							
CRASH REPORTED DATE / TIME 0 1 1 5 2 0 2 2 1 1 0 4		DISPATCH DATE / TIME 0 1 1 5 2 0 2 2 1 1 0 7		ARRIVAL DATE / TIME 0 1 1 5 2 0 2 2 1 1 2 0		SCENE CLEARED DATE / TIME 0 1 1 5 2 0 2 2 1 1 3 2	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 2 5		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
OFFICER'S NAME* J. Mitchell		CHECKED BY OFFICER'S NAME* Sgt. J. Sprague		OFFICER'S BADGE NUMBER* 1 7 1		CHECKED BY OFFICER'S BADGE NUMBER* Sgt. J. Sprague	



UNIT

OWNER	UNIT # <u>0_1</u>	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MODEL red
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <u>0_1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE <u>9_9</u>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD	
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	
12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	
# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>9</u>		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
AUTONOMOUS MODE LEVEL			
SPECIAL FUNCTION <u>9_9</u>		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	
CARGO BODY TYPE <u>9_9</u>		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	
VEHICLE DEFECTS <u>9_9</u>		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	
NON-MOTORIST LOCATION AT IMPACT <u>1</u>		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		21 - MAIL CARRIER 22 - OTHER / UNKNOWN	
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		23 - CONCRETE MIXER 24 - AUTO TRANSPORTER 25 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		26 - GRAIN/CHIPS/GRAVEL	
3 - STRIKING <u>9_9</u> 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		27 - SIDEWALK 28 - TRAIL	
3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN		29 - BICYCLE LANE 30 - SHOULDER / ROADSIDE 31 - MEDIAN/CROSSING ISLAND 32 - DRIVeway ACCESS 33 - SHARED USE PATHS OR TRAILS	
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		34 - NEGOtiATING A CURVE 35 - ENTERING OR CROSSING SPECIFIED LOCATION 36 - PARKED 37 - SLOWING OR STOPPED IN TRAFFIC 38 - MAKING U-TURN 39 - LEAVING TRAFFIC LANE 40 - PARKED 41 - SLOWING OR STOPPED IN TRAFFIC 42 - DRIVINGLESS	
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		43 - APPROACHING OR LEAVING VEHICLE 44 - STANDING 45 - WALKING, RUNNING, JOGGING, PLAYING 46 - WORKING 47 - PUSHING VEHICLE 48 - LYING IN ROADWAY 49 - NOT DISCERNIBLE 50 - OPENING DOOR INTO ROADWAY 51 - LOAD SHIFTING/FALLING/SPILLING 52 - SWERVING TO AVOID 53 - DRIVING ON THE WRONG WAY 54 - OTHER IMPROPER ACTION	
CONTRIBUTING CIRCUMSTANCES <u>9_9</u>		55 - IMPROPER START FROM A PARKED POSITION 56 - STOPPED OR PARKED ILLEGALLY 57 - SWERVING TO AVOID 58 - DRIVING ON THE WRONG WAY 59 - OTHER IMPROPER ACTION	
SEQUENCE OF EVENTS			
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 31 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	
1 - FIRST HARMFUL EVENT <u>1</u>		22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
1 - MOST HARMFUL EVENT <u>1</u>			

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



## UNIT

OWNER	UNIT # <u>0 2</u> OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) Dixon, Joni			OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) 1145 James Road, West Harrison, IN 47060			COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	
			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE <u>I_N</u>	LICENSE PLATE # SBN528	VEHICLE IDENTIFICATION # 2T3DFrev2hw562479		VEHICLE YEAR 2017
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY Safeco	INSURANCE POLICY # K3428870		VEHICLE MAKE Toyota
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		#OCCUPANTS <u>0</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
UNIT TYPE <u>0 1</u>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS <u>0</u>				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN			0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
AUTONOMOUS MODE LEVEL <u>0</u>				
SPECIAL FUNCTION <u>0 1</u>	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
CARGO BODY TYPE <u>0 1</u>	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
VEHICLE DEFECTS <u>0 1</u>	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS
ACTION <u>0 4</u>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE
CONTRIBUTING CIRCUMSTANCES <u>0 1</u>	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING
SEQUENCE OF EVENTS				
NON-COLLISION				
<u>1 2 0</u>	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE
<u>2 1 1</u>	4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT
<u>5 1 1</u>	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
<u>6 1 1</u>	1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT		51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

LOCAL REPORT NUMBER							
2	2	0	0	3	2	8	0
DAMAGE							
DAMAGE SCALE				DAMAGE SCALE			
2	1 - NONE	3 - FUNCTIONAL DAMAGE			4 - DISABLING DAMAGE		
	2 - MINOR DAMAGE		9 - UNKNOWN				
DAMAGED AREA(S) INDICATE ALL THAT APPLY							
	<img alt="Diagram						



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER			
2 2 0 0 3 2 8 0			
DATE OF BIRTH		AGE	GENDER
		0	
CONTACT PHONE - INCLUDE AREA CODE			

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE													
	0 1														
ADDRESS: STREET, CITY, STATE, ZIP															
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
5						9 9	<input type="checkbox"/>	0 1	1	1	1				
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER					
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	9	ALCOHOL / DRUG SUSPECTED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST	DRUG TEST(S)					
								9	1 1	1 1	SELECT UP TO 4				
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE	GENDER					
									0						
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
							<input type="checkbox"/>								
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER					
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST	DRUG TEST(S)					
									1 1	1 1	SELECT UP TO 4				
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE	GENDER					
									0						
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
							<input type="checkbox"/>								
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER					
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST	DRUG TEST(S)					
									1 1	1 1	SELECT UP TO 4				
<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>		<b>DL CLASS</b>	<b>DL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>								
1-FATAL	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED 2-DEPLOYED FRONT 3-DEPLOYED SIDE 4-DEPLOYED BOTH FRONT / SIDE 5-NOT APPLICABLE 9-DEPLOYMENT UNKNOWN		1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO=D) 5-MIC MOPED ONLY 6-NO VALID DL 7-NO VALID AIR BAG 8-NO VALID AIR BAG 9-NO VALID AIR BAG 10-NO VALID AIR BAG	1-ALCOHOL INTERLOCK DEVICE 2-CDL INTRASTATE ONLY 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A BUS 6-EXCEPT CLASS A & CLASS B BUS 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT 12-LIMITED - OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER	1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE 4-TALKING ON HAND-HELD COMMUNICATION DEVICE 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER / UNKNOWN	1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN								
2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE	3-FRONT - RIGHT SIDE		4-REGULAR CLASS (OHIO=D)	5-EXCEPT CLASS A BUS	6-EXCEPT CLASS A & CLASS B BUS	7-EXCEPT TRACTOR-TRAILER	8-INTERMEDIATE LICENSE RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	10-LIMITED TO DAYLIGHT ONLY	11-LIMITED TO EMPLOYMENT				
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	4-SECOND - LEFT SIDE		5-NOT APPLICABLE	6-NO VALID DL	7-NO VALID AIR BAG	8-NO VALID AIR BAG	9-NO VALID AIR BAG	10-NO VALID AIR BAG	11-NO VALID AIR BAG	12-NO VALID AIR BAG				
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-SECOND - MIDDLE		6-NO VALID DL	7-NO VALID AIR BAG	8-NO VALID AIR BAG	9-NO VALID AIR BAG	10-NO VALID AIR BAG	11-NO VALID AIR BAG	12-NO VALID AIR BAG	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				
5-NO APPARENT INJURY	5-SECOND - MIDDLE	6-SECOND - RIGHT SIDE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8-THIRD - MIDDLE	9-THIRD - RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12-PASSENGER IN UNENCLOSED CARGO AREA	13-TRAILING UNIT	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15-NON-MOTORIST	16-NON-TRAILING UNIT	17-TRAILER	18-TRAILER
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>	<b>DL ENDORSEMENT</b>		<b>TRAPPED</b>	<b>COND</b>	<b>DRUG TEST TYPE</b>	<b>COND</b>	<b>DRUG TEST TYPE</b>	<b>COND</b>	<b>DRUG TEST TYPE</b>	<b>COND</b>	<b>DRUG TEST TYPE</b>			
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT		1-NOT TRAPPED	1-NOT DISTRACTED	1-NONE GIVEN	1-NOT DISTRACTED	1-NONE	1-NOT DISTRACTED	1-NONE	1-NOT DISTRACTED	1-NONE			
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE		2-EXTRICATED BY MECHANICAL MEANS	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-BLOOD	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-BLOOD	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-BLOOD			
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER		3-FREED BY NON-MECHANICAL MEANS	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3-CORRECTIVE LENSES	3-URINE	3-CORRECTIVE LENSES	3-URINE	3-CORRECTIVE LENSES	3-URINE			
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER		4-NOT APPLICABLE	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN	4-FARM WAIVER	4-BREATH	4-FARM WAIVER	4-BREATH	4-FARM WAIVER	4-BREATH			
<b>SAFETY EQUIPMENT</b>	<b>F - FEMALE</b>	<b>M - MALE</b>		<b>U - OTHER / UNKNOWN</b>	<b>GENDER</b>	<b>COND</b>	<b>COND</b>	<b>COND</b>	<b>COND</b>	<b>COND</b>	<b>COND</b>	<b>COND</b>			
1-NONE USED	F - FEMALE	M - MALE		U - OTHER / UNKNOWN	F - FEMALE	1-APPARENTLY NORMAL	1-APPARENTLY NORMAL	1-APPARENTLY NORMAL	1-APPARENTLY NORMAL	1-APPARENTLY NORMAL	1-APPARENTLY NORMAL	1-APPARENTLY NORMAL			
2-SHOULDER BELT ONLY USED	M - MALE	U - OTHER / UNKNOWN		F - FEMALE	M - MALE	2-PHYSICAL IMPAIRMENT	2-PHYSICAL IMPAIRMENT	2-PHYSICAL IMPAIRMENT	2-PHYSICAL IMPAIRMENT	2-PHYSICAL IMPAIRMENT	2-PHYSICAL IMPAIRMENT	2-PHYSICAL IMPAIRMENT			
3-LAP BELT ONLY USED	U - OTHER / UNKNOWN	F - FEMALE		M - MALE	U - OTHER / UNKNOWN	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)			
4-SHOULDER & LAP BELT USED	F - FEMALE	M - MALE		U - OTHER / UNKNOWN	F - FEMALE	4-ILLNESS	4-ILLNESS	4-ILLNESS	4-ILLNESS	4-ILLNESS	4-ILLNESS	4-ILLNESS			
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	M - MALE	U - OTHER / UNKNOWN		F - FEMALE	M - MALE	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.			
6-CHILD RESTRAINT SYSTEM - REAR FACING	U - OTHER / UNKNOWN	F - FEMALE		M - MALE	U - OTHER / UNKNOWN	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			
7-BOOSTER SEAT	F - FEMALE	M - MALE		U - OTHER / UNKNOWN	F - FEMALE	7-OTHER / UNKNOWN	7-OTHER / UNKNOWN	7-OTHER / UNKNOWN	7-OTHER / UNKNOWN	7-OTHER / UNKNOWN	7-OTHER / UNKNOWN	7-OTHER / UNKNOWN			
8-HELMET USED	M - MALE	U - OTHER / UNKNOWN		M - MALE	M - MALE	8-NON-NEGATIVE RESULTS	8-NON-NEGATIVE RESULTS	8-NON-NEGATIVE RESULTS	8-NON-NEGATIVE RESULTS	8-NON-NEGATIVE RESULTS	8-NON-NEGATIVE RESULTS	8-NON-NEGATIVE RESULTS			
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	U - OTHER / UNKNOWN	F - FEMALE		F - FEMALE	U - OTHER / UNKNOWN	9-OTHER / UNKNOWN	9-OTHER / UNKNOWN	9-OTHER / UNKNOWN	9-OTHER / UNKNOWN	9-OTHER / UNKNOWN	9-OTHER / UNKNOWN	9-OTHER / UNKNOWN			
10-REFLECTIVE CLOTHING	F - FEMALE	M - MALE		M - MALE	U - OTHER / UNKNOWN	10-OTHER / UNKNOWN	10-OTHER / UNKNOWN	10-OTHER / UNKNOWN	10-OTHER / UNKNOWN	10-OTHER / UNKNOWN	10-OTHER / UNKNOWN	10-OTHER / UNKNOWN			
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	M - MALE	U - OTHER / UNKNOWN		U - OTHER / UNKNOWN	F - FEMALE	11-OTHER / UNKNOWN	11-OTHER / UNKNOWN	11-OTHER / UNKNOWN	11-OTHER / UNKNOWN	11-OTHER / UNKNOWN	11-OTHER / UNKNOWN	11-OTHER / UNKNOWN			
99-OTHER / UNKNOWN	U - OTHER / UNKNOWN	F - FEMALE		F - FEMALE	M - MALE	12-OTHER / UNKNOWN	12-OTHER / UNKNOWN	12-OTHER / UNKNOWN	12-OTHER / UNKNOWN	12-OTHER / UNKNOWN	12-OTHER / UNKNOWN	12-OTHER / UNKNOWN			