

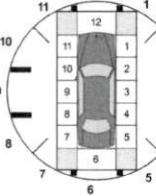
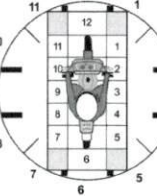
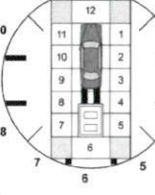
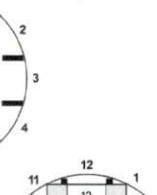
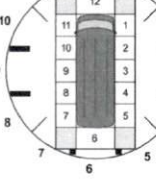
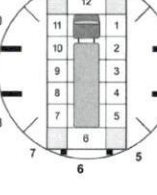
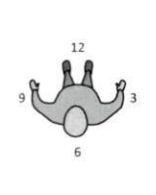





LOCAL REPORT NUMBER\*

HSY7001 OH1 1/19 (760-0820)



<b>OWNER</b>	<b>UNIT #</b> 01	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE, <input checked="" type="checkbox"/> SAME AS DRIVER				<b>OWNER PHONE:</b> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER _____-_____-_____-_____-_____-_____-		
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER _____-_____-_____-_____-_____-_____-							
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP _____-_____-_____-_____-_____-_____-						<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE _____-_____-_____-_____-_____-_____-		
<b>VEHICLE</b>	<b>LP STATE</b> KY	<b>LICENSE PLATE #</b> C9K704	<b>VEHICLE IDENTIFICATION #</b> JT8BD69SX50205674			<b>VEHICLE YEAR</b> 2005	<b>VEHICLE MAKE</b> Lexus	
	<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> Farmers		<b>INSURANCE POLICY #</b> GA6123149870		<b>COLOR</b> White	<b>VEHICLE MODEL</b> GS300	
	<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<b>US DOT #</b> _____-_____-_____-_____-_____-_____-		<b>TOWED BY:</b> COMPANY NAME _____-_____-_____-_____-_____-_____-			
	<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> 01	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> <b>MATERIAL RELEASED</b> <b>CLASS #</b> <b>PLACARD ID #</b> <input type="checkbox"/> <b>PLACARD</b> _____		
	<b>UNIT TYPE</b> 01		1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	
			2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	
			3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	
			4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	
			5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN	
			6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP	
<b>EVENT(S)</b>	<b># of TRAILING UNITS</b> 0		<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 2 1-YES 2-NO 9-OTHER/UNKNOWN		<b>AUTONOMOUS MODE LEVEL</b> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN			
	<b>SPECIAL FUNCTION</b> 01		1 - NONE	6 - BUS-CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER	
			2 - TAXI	7 - BUS-INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN	
			3 - ELECTRONIC RIDE SHARING	8 - BUS-SHUTTLE	13 - POLICE	18 - SNOW/REMOVAL		
			4 - SCHOOL TRANSPORT	9 - BUS-OTHER	14 - PUBLIC UTILITY	19 - TOWING		
			5 - BUS-TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL		
	<b>CARGO BODY TYPE</b> 01		1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	
			2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER	
					7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE	
						11 - DUMP	99 - OTHER / UNKNOWN	
<b>EVENT(S)</b>	<b>VEHICLE DEFECTS</b> _____-_____-_____-		1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	
			2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT		
			3 - TAIL LAMPS	6 - TIRE BLOWOUT				
	<b>NON-MOTORIST LOCATION AT IMPACT</b> _____-_____-_____-		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	
			2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN	
			5 - TRAVEL LANE - OTHER LOCATION		8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS		
	<b>ACTION</b> 3		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	
			2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING	
			3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST	
			4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	
		5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN		
		9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS				
<b>EVENT(S)</b>	<b>CONTRIBUTING CIRCUMSTANCES</b> 08		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	
			2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE	
			3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/ SPILLING	23 - OPENING DOOR INTO ROADWAY	
			4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	
			5 - UNSAFE SPEED	11 - DROVE OFF ROAD				
			6 - IMPROPER TURN	12 - IMPROPER BACKING				
	<b>SEQUENCE OF EVENTS</b>							
	1 2 0		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	
	2		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM		

<b>LOCAL REPORT NUMBER</b> <div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 1.2em;"> <span>2</span><span>2</span><span>0</span><span>6</span><span>0</span><span>8</span><span>6</span><span>9</span> </div>	
<b>DAMAGE</b> <b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> 1 - NONE  2 - MINOR DAMAGE </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE  4 - DISABLING DAMAGE  9 - UNKNOWN </div> </div>	
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<div style="display: grid; grid-template-columns: 1fr 1fr; gap: 20px;">           </div>	
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> - NO DAMAGE [ 0 ]         <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]       </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> - TOP [ 13 ]         <input type="checkbox"/> - ALL AREAS [ 15 ]       </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] </div>	
<b>INITIAL POINT OF CONTACT</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> 1 - ONE-WAY  2 - TWO-WAY  13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE  15 - VEHICLE NOT AT SCENE  99 - UNKNOWN </div> </div>	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY <div style="margin-top: 10px;"> 1 2 </div>	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL <div style="margin-top: 10px;"> 5 </div>
<b># OF THROUGH LANES ON ROAD</b> <div style="margin-top: 10px;"> 6 </div>	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <div style="margin-top: 10px;"> 1 </div>
<b>UNIT / NON-MOTORIST DIRECTION</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> FROM 7 TO 5 </div> <div style="width: 45%;"> 1 - NORTH  2 - SOUTH  3 - EAST  4 - WEST  5 - NORTHEAST  6 - NORTHWEST  7 - SOUTHEAST  8 - SOUTHWEST  9 - OTHER/UNKNOWN </div> </div>	
<b>UNIT SPEED</b> <div style="margin-top: 10px;"> 1 0 </div>	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED <div style="margin-top: 10px;"> 1 </div>
<b>POSTED SPEED</b> <div style="margin-top: 10px;"> 5 0 </div>	



OWNER	UNIT # 012	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE OH	LICENSE PLATE # JNX5930	VEHICLE IDENTIFICATION # 4T1BK13D1B15B1U40121614
VEHICLE	INSURANCE VERIFIED X	INSURANCE COMPANY State Farm	INSURANCE POLICY # D366654B1735
	TYPE OF USE COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE <input type="checkbox"/>	US DOT #	HAZARDOUS MATERIAL MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>
VEHICLE	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	#OCCUPANTS 01
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	TOWED BY: COMPANY NAME	CLASS # PLACARD ID #
VEHICLE	UNIT TYPE 01	1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP	
	# OF TRAILING UNITS 0	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN	
VEHICLE	SPECIAL FUNCTION 01	1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL	
	CARGO BODY TYPE 01	1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 11 - DUMP 99 - OTHER / UNKNOWN	
VEHICLE	VEHICLE DEFECTS 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT	1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS	
	NON-MOTORIST LOCATION AT IMPACT 4	1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 22 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE	
VEHICLE	CONTRIBUTING CIRCUMSTANCES 01	1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 21 - WORK ZONE MAINTENANCE EQUIPMENT 6 - IMPROPER TURN 12 - IMPROPER BACKING	
	SEQUENCE OF EVENTS 1 2 0	NON-COLLISION 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - WORK ZONE MAINTENANCE EQUIPMENT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 51 - WALL 26 - BRIDGE OVERHEAD STRUCTURE 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 52 - BUILDING 27 - BRIDGE PIER OR ABUTMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 53 - TUNNEL 28 - BRIDGE PARAPET 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 54 - OTHER FIXED OBJECT 29 - BRIDGE RAIL 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 99 - OTHER / UNKNOWN 30 - GUARDRAIL FACE 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 31 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 49 - FIRE HYDRANT	
VEHICLE	FIRST HARMFUL EVENT 1	MOST HARMFUL EVENT 1	

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





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 6 0 8 6 9

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Pittman, Parker A				DATE OF BIRTH 0 5 2 2 2 0 0 3				AGE 1 9	GENDER M																																																																																																																																																																																													
	ADDRESS: STREET, CITY, STATE, ZIP 2569 Chateaugay Ct. Burlington Ky 41005					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																																		
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																																																																																																																													
	OL STATE K Y	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 333.03a		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 255214																																																																																																																																																																																															
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																																														
MOTORIST / NON-MOTORIST	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Kwarteng, Ernest				DATE OF BIRTH 1 0 2 2 1 9 8 6				AGE 3 5	GENDER M																																																																																																																																																																																													
	ADDRESS: STREET, CITY, STATE, ZIP 5109 Pleasant Ave. Apt 301 Fairfield, Oh 45014					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																																		
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																																																																																																																													
	OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																																																																															
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																																														
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE 0	GENDER																																																																																																																																																																																													
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																																		
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																																																																																																																																																																													
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																																																																															
OL 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 STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4																																																																																																																																																																																														
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IN COUNTY OF <b>Butler</b>	CRASH LOCATION <b>Dixie // Muhlhauser</b>	

