

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

22-26380

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION <b>S.R. 3 &amp; BAR HARBOR</b>		
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME * Montville Police Department	NCIC * 05213	HIT/SKIP 1 - SOLVED 2 - UNSOLVED
	<input type="checkbox"/> PRIVATE PROPERTY				NUMBER OF UNITS 2
					UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN

COUNTY* 52	LOCALITY* 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Montville (Township of)	CRASH DATE / TIME* 05/18/2022 15:26	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
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ROUTE TYPE SR	ROUTE NUMBER 3	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 41.111510
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ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Bar Harbor	ROAD TYPE BL	LONGITUDE DECIMAL DEGREES -81.864095
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REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 3
<b>ROADWAY</b>						
<input type="checkbox"/> ROADWAY DIVIDED						

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 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	DIRECTION OF TRAVEL 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
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<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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2
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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	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG , GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN
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NARRATIVE

On 5/18/2022, Unit 1 was north on S.R. 3 (Wooster Pike) and stopped to turn left onto Bar Harbor Boulevard. Unit 2 was also north, behind Unit 1, and could not stop in time, striking Unit 1 in the rear. Unit 1 had minor damage and Unit 2 had the airbag deploy and was towed from the scene. Neither driver was injured and the driver of Unit 2 was cited for ACDA.

Not To Scale

CRASH REPORTED DATE / TIME 05/18/2022 15:26	DISPATCH DATE / TIME 05/18/2022 15:38	ARRIVAL DATE / TIME 05/18/2022 15:46	SCENE CLEARED DATE / TIME 05/18/2022 16:19	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES 41	OFFICER'S NAME* Harrison, Brett	CHECKED BY OFFICER'S NAME* LaFond, Christopher
			OFFICER'S BADGE NUMBER* 1606	CHECKED BY OFFICER'S BADGE NUMBER* 1602
				<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)



# UNIT

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
	1	WILL, DAVID, WILLIAM	[REDACTED]
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)		
524 E. HILLSIDE, STATE COLLEGE, PA, 16801			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
PA	DAP8001	1FM5K8F81GGD24664	2016	FORD
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	CINCINNATI INS	A010832149	BLU	EXPLORER

<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 type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL CLASS # PLACARD ID #
		1	1 - ≤ 10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	

UNIT TYPE	1 - PASSENGER CAR	6 - VAN (9-15 SEATS)	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER
3	2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
	3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
	4 - PICK UP	9 - AUTOCYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
	5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
0	# OF TRAILING UNITS				

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
2	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS 2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

SPECIAL FUNCTION	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
1	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 EQUIP.	20 - SAFETY SERVICE PATROL	

CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99 - OTHER / UNKNOWN
1	2 - BUS	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	
	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN /ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER	
			10 - FLAT BED	14 - GARBAGE/REFUSE	

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			

NON-MOTORIST LOCATION	1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN
	2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	
	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	

ACTION	1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
4	2 - NON-COLLISION	2 - BACKING	10 - PARKED	16 - WORKING	99 - OTHER / UNKNOWN
	3 - STRIKING	3 - CHANGING LANES	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE OR LEAVING VEHICLE	
	4 - STRUCK	4 - OVERTAKING/PASSING	12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE	
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	13 - NEGOTIATING A CURVE	19 - STANDING	
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	14 - ENTERING OR CROSSING SPECIFIED LOCATION	20 - OTHER NON-MOTORIST	
		7 - MAKING U-TURN			
		8 - ENTERING TRAFFIC LANE			

CONTRIBUTING CIRCUMSTANCES	1 - NONE	8 - FOLLOWING TOO CLOSE /ACDA	13 - IMPROPER START FROM A PARKED POSITION	18 - OPERATING DEFECTIVE EQUIPMENT	23 - OPENING DOOR INTO ROADWAY
1	2 - FAILURE TO YIELD	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	19 - LOAD SHIFTING /FALLING/SPILLING	99 - OTHER IMPROPER ACTION
	3 - RAN RED LIGHT	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	20 - IMPROPER CROSSING	
	4 - RAN STOP SIGN	11 - DROVE OFF ROAD	16 - WRONG WAY	21 - LYING IN ROADWAY	
	5 - UNSAFE SPEED	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT DISCERNIBLE	
	6 - IMPROPER TURN				
	7 - LEFT OF CENTER				

SEQUENCE OF EVENTS	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
1	2 - FIRE/EXPLOSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOVABLE OBJECT
	3 - IMMERSION	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	
	4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE		
	6 - EQUIPMENT FAILURE		17 - ANIMAL - FARM		
			18 - ANIMAL - DEER		

EVENTS	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	38 - OVERHEAD SIGN POST	45 - EMBANKMENT	52 - BUILDING
4	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	46 - FENCE	53 - TUNNEL
	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	40 - UTILITY POLE	47 - MAILBOX	54 - OTHER FIXED OBJECT
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE	99 - OTHER / UNKNOWN
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	42 - CULVERT	49 - FIRE HYDRANT	
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT	
		37 - TRAFFIC SIGN POST	44 - DITCH	51 - WALL	

FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT	1
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LOCAL REPORT NUMBER	22-26380
DAMAGE	DAMAGE SCALE
	1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
	3
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 99 - UNKNOWN
6	13 - TOP
TRAFFIC	TRAFFIC CONTROL
TRAFFICWAY FLOW	1 - ONE-WAY 2 - TWO-WAY
2	6
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
45	

<b>UNIT #</b> 2	<b>OWNER NAME: LAST, FIRST, MIDDLE</b> ( <input type="checkbox"/> SAME AS DRIVER ) TOMKO, JENNA, MARIE	<b>OWNER PHONE: INCLUDE AREA CODE</b> ( <input type="checkbox"/> SAME AS DRIVER ) [REDACTED]
<b>OWNER ADDRESS: STREET, CITY, STATE, ZIP</b> ( <input type="checkbox"/> SAME AS DRIVER ) 116 BEAU BAY BLVD, CHIPPEWA LAKE, OH, 44215		
<b>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP</b>		<b>COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE</b>

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> HED3346	<b>VEHICLE IDENTIFICATION #</b> 3FAHP07Z97R165760	<b>VEHICLE YEAR</b> 2007	<b>VEHICLE MAKE</b> FORD
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> SAFE AUTO	<b>INSURANCE POLICY #</b> OH01574292A-3	<b>COLOR</b> TAN	<b>VEHICLE MODEL</b> FUSION
<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: COMPANY NAME</b> TRANS COUNTY	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<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>RELEASED</b> <input type="checkbox"/> <b>PLACARD</b> CLASS #    PLACARD ID #	
<b>UNIT TYPE</b> 1	<input type="checkbox"/> <b>1 - PASSENGER CAR</b> <input type="checkbox"/> <b>6 - VAN (9-15 SEATS)</b> <input type="checkbox"/> <b>12 - GOLF CART</b> <input type="checkbox"/> <b>18 - LIMO (LIVERY VEHICLE)</b> <input type="checkbox"/> <b>23 - PEDESTRIAN/SKATER</b> <input type="checkbox"/> <b>2 - PASSENGER VAN (MINIVAN)</b> <input type="checkbox"/> <b>7 - MOTORCYCLE 2-WHEELED</b> <input type="checkbox"/> <b>13 - SNOWMOBILE</b> <input type="checkbox"/> <b>19 - BUS (16+ PASSENGERS)</b> <input type="checkbox"/> <b>24 - WHEELCHAIR (ANY TYPE)</b> <input type="checkbox"/> <b>3 - SPORT UTILITY VEHICLE</b> <input type="checkbox"/> <b>8 - MOTORCYCLE 3-WHEELED</b> <input type="checkbox"/> <b>14 - SINGLE UNIT TRUCK</b> <input type="checkbox"/> <b>20 - OTHER VEHICLE</b> <input type="checkbox"/> <b>25 - OTHER NON-MOTORIST</b> <input type="checkbox"/> <b>4 - PICK UP</b> <input type="checkbox"/> <b>10 - MOPED OR MOTORIZED BICYCLE</b> <input type="checkbox"/> <b>15 - SEMI-TRACTOR</b> <input type="checkbox"/> <b>21 - HEAVY EQUIPMENT</b> <input type="checkbox"/> <b>26 - BICYCLE</b> <input type="checkbox"/> <b>5 - CARGO VAN</b> <input type="checkbox"/> <b>11 - ALL TERRAIN VEHICLE (ATV/UTV)</b> <input type="checkbox"/> <b>16 - FARM EQUIPMENT</b> <input type="checkbox"/> <b>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</b> <input type="checkbox"/> <b>27 - TRAIN</b> <input type="checkbox"/> <b>99 - UNKNOWN OR HIT/SKIP</b>			
<b># OF TRAILING UNITS</b> 0	<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>			
2	<input type="checkbox"/> <b>0 - NO AUTOMATION</b> <input type="checkbox"/> <b>3 - CONDITIONAL AUTOMATION</b> <input type="checkbox"/> <b>9 - UNKNOWN</b> <input type="checkbox"/> <b>1 - YES</b> <input type="checkbox"/> <b>2 - NO</b> <input type="checkbox"/> <b>9 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>1 - DRIVER ASSISTANCE</b> <input type="checkbox"/> <b>4 - HIGH AUTOMATION</b> <input type="checkbox"/> <b>2 - PARTIAL AUTOMATION</b> <input type="checkbox"/> <b>5 - FULL AUTOMATION</b>			
<b>SPECIAL FUNCTION</b> 1	<input type="checkbox"/> <b>1 - NONE</b> <input type="checkbox"/> <b>6 - BUS - CHARTER/TOUR</b> <input type="checkbox"/> <b>11 - FIRE</b> <input type="checkbox"/> <b>16 - FARM</b> <input type="checkbox"/> <b>21 - MAIL CARRIER</b> <input type="checkbox"/> <b>2 - TAXI</b> <input type="checkbox"/> <b>7 - BUS - INTERCITY</b> <input type="checkbox"/> <b>12 - MILITARY</b> <input type="checkbox"/> <b>17 - MOWING</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>3 - ELECTRONIC RIDE SHARING</b> <input type="checkbox"/> <b>8 - BUS - SHUTTLE</b> <input type="checkbox"/> <b>13 - POLICE</b> <input type="checkbox"/> <b>18 - SNOW REMOVAL</b> <input type="checkbox"/> <b>4 - SCHOOL TRANSPORT</b> <input type="checkbox"/> <b>9 - BUS - OTHER</b> <input type="checkbox"/> <b>14 - PUBLIC UTILITY</b> <input type="checkbox"/> <b>19 - TOWING</b> <input type="checkbox"/> <b>5 - BUS - TRANSIT/COMMUTER</b> <input type="checkbox"/> <b>10 - AMBULANCE</b> <input type="checkbox"/> <b>15 - CONSTRUCTION EQUIP.</b> <input type="checkbox"/> <b>20 - SAFETY SERVICE PATROL</b>			
<b>CARGO BODY TYPE</b> 1	<input type="checkbox"/> <b>1 - NO CARGO BODY TYPE / NOT APPLICABLE</b> <input type="checkbox"/> <b>4 - LOGGING</b> <input type="checkbox"/> <b>7 - GRAIN/CHIPS/GRAVEL</b> <input type="checkbox"/> <b>11 - DUMP</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>2 - BUS</b> <input type="checkbox"/> <b>5 - INTERMODAL CONTAINER CHASSIS</b> <input type="checkbox"/> <b>8 - POLE</b> <input type="checkbox"/> <b>12 - CONCRETE MIXER</b> <input type="checkbox"/> <b>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE</b> <input type="checkbox"/> <b>6 - CARGOVAN /ENCLOSED BOX</b> <input type="checkbox"/> <b>9 - CARGO TANK</b> <input type="checkbox"/> <b>13 - AUTO TRANSPORTER</b> <input type="checkbox"/> <b>1 - TURN SIGNALS</b> <input type="checkbox"/> <b>4 - BRAKES</b> <input type="checkbox"/> <b>7 - WORN OR SLICK TIRES</b> <input type="checkbox"/> <b>9 - MOTOR TROUBLE</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>2 - HEAD LAMPS</b> <input type="checkbox"/> <b>5 - STEERING</b> <input type="checkbox"/> <b>8 - TRAILER EQUIPMENT DEFECTIVE</b> <input type="checkbox"/> <b>10 - DISABLED FROM PRIOR ACCIDENT</b>			
<b>VEHICLE DEFECTS</b>	<input type="checkbox"/> <b>1 - INTERSECTION - MARKED CROSSWALK</b> <input type="checkbox"/> <b>4 - MIDBLOCK - MARKED CROSSWALK</b> <input type="checkbox"/> <b>7 - SHOULDER/ROADSIDE</b> <input type="checkbox"/> <b>10 - DRIVEWAY ACCESS</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>2 - INTERSECTION - UNMARKED CROSSWALK</b> <input type="checkbox"/> <b>5 - TRAVEL LANE - OTHER LOCATION</b> <input type="checkbox"/> <b>8 - SIDEWALK</b> <input type="checkbox"/> <b>11 - SHARED USE PATHS OR TRAILS</b> <input type="checkbox"/> <b>3 - INTERSECTION - OTHER</b> <input type="checkbox"/> <b>6 - BICYCLE LANE</b> <input type="checkbox"/> <b>9 - MEDIAN/CROSSING ISLAND</b> <input type="checkbox"/> <b>12 - FIRST RESPONDER AT INCIDENT SCENE</b>			
<b>NON-MOTORIST LOCATION</b>	<input type="checkbox"/> <b>1 - NON-CONTACT</b> <input type="checkbox"/> <b>1 - STRAIGHT AHEAD</b> <input type="checkbox"/> <b>9 - LEAVING TRAFFIC LANE</b> <input type="checkbox"/> <b>15 - WALKING, RUNNING, JOGGING, PLAYING</b> <input type="checkbox"/> <b>21 - STANDING OUTSIDE DISABLED VEHICLE</b> <input type="checkbox"/> <b>2 - NON-COLLISION</b> <input type="checkbox"/> <b>2 - BACKING</b> <input type="checkbox"/> <b>10 - PARKED</b> <input type="checkbox"/> <b>16 - WORKING</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>3 - STRIKING</b> <input type="checkbox"/> <b>3 - CHANGING LANES</b> <input type="checkbox"/> <b>11 - SLOWING OR STOPPED IN TRAFFIC</b> <input type="checkbox"/> <b>17 - PUSHING VEHICLE</b> <input type="checkbox"/> <b>4 - STRUCK</b> <input type="checkbox"/> <b>4 - OVERTAKING/PASSING</b> <input type="checkbox"/> <b>12 - DRIVERLESS</b> <input type="checkbox"/> <b>18 - APPROACHING OR LEAVING VEHICLE</b> <input type="checkbox"/> <b>5 - BOTH STRIKING &amp; STRUCK</b> <input type="checkbox"/> <b>5 - MAKING RIGHT TURN</b> <input type="checkbox"/> <b>13 - NEGOTIATING A CURVE</b> <input type="checkbox"/> <b>19 - STANDING</b> <input type="checkbox"/> <b>9 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>7 - MAKING U-TURN</b> <input type="checkbox"/> <b>14 - ENTERING OR CROSSING SPECIFIED LOCATION</b> <input type="checkbox"/> <b>20 - OTHER NON-MOTORIST</b>			
<b>ACTION</b> 3	<input type="checkbox"/> <b>1 - NONE</b> <input type="checkbox"/> <b>8 - FOLLOWING TOO CLOSE /ACDA</b> <input type="checkbox"/> <b>13 - IMPROPER START FROM A PARKED POSITION</b> <input type="checkbox"/> <b>18 - OPERATING DEFECTIVE EQUIPMENT</b> <input type="checkbox"/> <b>23 - OPENING DOOR INTO ROADWAY</b> <input type="checkbox"/> <b>2 - FAILURE TO YIELD</b> <input type="checkbox"/> <b>9 - IMPROPER LANE CHANGE</b> <input type="checkbox"/> <b>14 - STOPPED OR PARKED ILLEGALLY</b> <input type="checkbox"/> <b>19 - LOAD SHIFTING /FALLING/SPILLING</b> <input type="checkbox"/> <b>99 - OTHER IMPROPER ACTION</b> <input type="checkbox"/> <b>3 - RAN RED LIGHT</b> <input type="checkbox"/> <b>10 - IMPROPER PASSING</b> <input type="checkbox"/> <b>15 - SWERVING TO AVOID</b> <input type="checkbox"/> <b>20 - IMPROPER CROSSING</b> <input type="checkbox"/> <b>4 - RAN STOP SIGN</b> <input type="checkbox"/> <b>11 - DROVE OFF ROAD</b> <input type="checkbox"/> <b>16 - WRONG WAY</b> <input type="checkbox"/> <b>21 - LYING IN ROADWAY</b> <input type="checkbox"/> <b>5 - UNSAFE SPEED</b> <input type="checkbox"/> <b>12 - IMPROPER BACKING</b> <input type="checkbox"/> <b>17 - VISION OBSTRUCTION</b> <input type="checkbox"/> <b>22 - NOT DISCERNIBLE</b> <input type="checkbox"/> <b>6 - IMPROPER TURN</b> <input type="checkbox"/> <b>7 - LEFT OF CENTER</b>			
<b>CONTRIBUTING CIRCUMSTANCES</b> 8	<input type="checkbox"/> <b>1 - NONE</b> <input type="checkbox"/> <b>7 - SEPARATION OF UNITS</b> <input type="checkbox"/> <b>12 - DOWNHILL RUNAWAY</b> <input type="checkbox"/> <b>19 - ANIMAL - OTHER</b> <input type="checkbox"/> <b>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</b> <input type="checkbox"/> <b>2 - EQUIPMENT FAILURE</b> <input type="checkbox"/> <b>8 - RAN OFF ROAD RIGHT</b> <input type="checkbox"/> <b>13 - OTHER NON-COLLISION</b> <input type="checkbox"/> <b>20 - MOTOR VEHICLE IN TRANSPORT</b> <input type="checkbox"/> <b>24 - OTHER MOVABLE OBJECT</b> <input type="checkbox"/> <b>3 - CARGO / EQUIPMENT LOSS OR SHIFT</b> <input type="checkbox"/> <b>9 - RAN OFF ROAD LEFT</b> <input type="checkbox"/> <b>14 - PEDESTRIAN</b> <input type="checkbox"/> <b>21 - PARKED MOTOR VEHICLE</b> <input type="checkbox"/> <b>4 - JACKKNIFE</b> <input type="checkbox"/> <b>10 - CROSS MEDIAN</b> <input type="checkbox"/> <b>15 - PEDALCYCLE</b> <input type="checkbox"/> <b>22 - WORK ZONE MAINTENANCE EQUIPMENT</b> <input type="checkbox"/> <b>5 - EQUIPMENT FAILURE</b> <input type="checkbox"/> <b>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</b> <input type="checkbox"/> <b>16 - RAILWAY VEHICLE</b> <input type="checkbox"/> <b>17 - ANIMAL - FARM</b> <input type="checkbox"/> <b>18 - ANIMAL - DEER</b>			
<b>SEQUENCE OF EVENTS</b>	<b>EVENTS</b> <input type="checkbox"/> <b>1 - OVERTURN/ROLLOVER</b> <input type="checkbox"/> <b>2 - FIRE/EXPLOSION</b> <input type="checkbox"/> <b>3 - IMMERSION</b> <input type="checkbox"/> <b>4 - JACKKNIFE</b> <input type="checkbox"/> <b>5 - CARGO / EQUIPMENT LOSS OR SHIFT</b> <input type="checkbox"/> <b>6 - EQUIPMENT FAILURE</b> <input type="checkbox"/> <b>25 - IMPACT ATTENUATOR / CRASH CUSHION</b> <input type="checkbox"/> <b>31 - GUARDRAIL END</b> <input type="checkbox"/> <b>38 - OVERHEAD SIGN POST</b> <input type="checkbox"/> <b>45 - EMBANKMENT</b> <input type="checkbox"/> <b>52 - BUILDING</b> <input type="checkbox"/> <b>26 - BRIDGE OVERHEAD STRUCTURE</b> <input type="checkbox"/> <b>32 - PORTABLE BARRIER</b> <input type="checkbox"/> <b>39 - LIGHT / LUMINARIES SUPPORT</b> <input type="checkbox"/> <b>46 - FENCE</b> <input type="checkbox"/> <b>53 - TUNNEL</b> <input type="checkbox"/> <b>27 - BRIDGE PIER OR ABUTMENT</b> <input type="checkbox"/> <b>33 - MEDIAN CABLE BARRIER</b> <input type="checkbox"/> <b>40 - UTILITY POLE</b> <input type="checkbox"/> <b>47 - MAILBOX</b> <input type="checkbox"/> <b>54 - OTHER FIXED OBJECT</b> <input type="checkbox"/> <b>28 - BRIDGE PARAPET</b> <input type="checkbox"/> <b>34 - MEDIAN GUARDRAIL BARRIER</b> <input type="checkbox"/> <b>41 - OTHER POST, POLE OR SUPPORT</b> <input type="checkbox"/> <b>48 - TREE</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>29 - BRIDGE RAIL</b> <input type="checkbox"/> <b>35 - MEDIAN CONCRETE BARRIER</b> <input type="checkbox"/> <b>42 - CULVERT</b> <input type="checkbox"/> <b>49 - FIRE HYDRANT</b> <input type="checkbox"/> <b>50 - WORK ZONE MAINTENANCE EQUIPMENT</b> <input type="checkbox"/> <b>30 - GUARDRAIL FACE</b> <input type="checkbox"/> <b>36 - MEDIAN OTHER BARRIER</b> <input type="checkbox"/> <b>43 - CURB</b> <input type="checkbox"/> <b>51 - WALL</b> <input type="checkbox"/> <b>37 - TRAFFIC SIGN POST</b> <input type="checkbox"/> <b>44 - DITCH</b>			
<b>FIRST HARMFUL EVENT</b> 1	<b>MOST HARMFUL EVENT</b> 1			

<b>NON-MOTORIST LOCATION</b>	<input type="checkbox"/> <b>1 - NONE</b> <input type="checkbox"/> <b>6 - BUS - CHARTER/TOUR</b> <input type="checkbox"/> <b>11 - FIRE</b> <input type="checkbox"/> <b>16 - FARM</b> <input type="checkbox"/> <b>21 - MAIL CARRIER</b> <input type="checkbox"/> <b>2 - TAXI</b> <input type="checkbox"/> <b>7 - BUS - INTERCITY</b> <input type="checkbox"/> <b>12 - MILITARY</b> <input type="checkbox"/> <b>17 - MOWING</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>3 - ELECTRONIC RIDE SHARING</b> <input type="checkbox"/> <b>8 - BUS - SHUTTLE</b> <input type="checkbox"/> <b>13 - POLICE</b> <input type="checkbox"/> <b>18 - SNOW REMOVAL</b> <input type="checkbox"/> <b>4 - SCHOOL TRANSPORT</b> <input type="checkbox"/> <b>9 - BUS - OTHER</b> <input type="checkbox"/> <b>14 - PUBLIC UTILITY</b> <input type="checkbox"/> <b>19 - TOWING</b> <input type="checkbox"/> <b>5 - BUS - TRANSIT/COMMUTER</b> <input type="checkbox"/> <b>10 - AMBULANCE</b> <input type="checkbox"/> <b>15 - CONSTRUCTION EQUIP.</b> <input type="checkbox"/> <b>20 - SAFETY SERVICE PATROL</b>			
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<b>ACTION</b> 3	<input type="checkbox"/> <b>1 - NON-CONTACT</b> <input type="checkbox"/> <b>1 - STRAIGHT AHEAD</b> <input type="checkbox"/> <b>9 - LEAVING TRAFFIC LANE</b> <input type="checkbox"/> <b>15 - WALKING, RUNNING, JOGGING, PLAYING</b> <input type="checkbox"/> <b>21 - STANDING OUTSIDE DISABLED VEHICLE</b> <input type="checkbox"/> <b>2 - NON-COLLISION</b> <input type="checkbox"/> <b>2 - BACKING</b> <input type="checkbox"/> <b>10 - PARKED</b> <input type="checkbox"/> <b>16 - WORKING</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>3 - STRIKING</b> <input type="checkbox"/> <b>3 - CHANGING LANES</b> <input type="checkbox"/> <b>11 - SLOWING OR STOPPED IN TRAFFIC</b> <input type="checkbox"/> <b>17 - PUSHING VEHICLE</b> <input type="checkbox"/> <b>4 - STRUCK</b> <input type="checkbox"/> <b>4 - OVERTAKING/PASSING</b> <input type="checkbox"/> <b>12 - DRIVERLESS</b> <input type="checkbox"/> <b>18 - APPROACHING OR LEAVING VEHICLE</b> <input type="checkbox"/> <b>5 - BOTH STRIKING &amp; STRUCK</b> <input type="checkbox"/> <b>5 - MAKING RIGHT TURN</b> <input type="checkbox"/> <b>13 - NEGOTIATING A CURVE</b> <input type="checkbox"/> <b>19 - STANDING</b> <input type="checkbox"/> <b>9 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>7 - MAKING U-TURN</b> <input type="checkbox"/> <b>14 - ENTERING OR CROSSING SPECIFIED LOCATION</b> <input type="checkbox"/> <b>20 - OTHER NON-MOTORIST</b>			
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<b>CONTRIBUTING CIRCUMSTANCES</b> 8	<input type="checkbox"/> <b>1 - NONE</b> <input type="checkbox"/> <b>8 - FOLLOWING TOO CLOSE /ACDA</b> <input type="checkbox"/> <b>13 - IMPROPER START FROM A PARKED POSITION</b> <input type="checkbox"/> <b>18 - OPERATING DEFECTIVE EQUIPMENT</b> <input type="checkbox"/> <b>23 - OPENING DOOR INTO ROADWAY</b> <input type="checkbox"/> <b>2 - FAILURE TO YIELD</b> <input type="checkbox"/> <b>9 - IMPROPER LANE CHANGE</b> <input type="checkbox"/> <b>14 - STOPPED OR PARKED ILLEGALLY</b> <input type="checkbox"/> <b>19 - LOAD SHIFTING /FALLING/SPILLING</b> <input type="checkbox"/> <b>99 - OTHER IMPROPER ACTION</b> <input type="checkbox"/> <b>3 - RAN RED LIGHT</b> <input type="checkbox"/> <b>10 - IMPROPER PASSING</b> <input type="checkbox"/> <b>15 - SWERVING TO AVOID</b> <input type="checkbox"/> <b>20 - IMPROPER CROSSING</b> <input type="checkbox"/> <b>4 - RAN STOP SIGN</b> <input type="checkbox"/> <b>11 - DROVE OFF ROAD</b> <input type="checkbox"/> <b>16 - WRONG WAY</b> <input type="checkbox"/> <b>21 - LYING IN ROADWAY</b> <input type="checkbox"/> <b>5 - UNSAFE SPEED</b> <input type="checkbox"/> <b>12 - IMPROPER BACKING</b> <input type="checkbox"/> <b>17 - VISION OBSTRUCTION</b> <input type="checkbox"/> <b>22 - NOT DISCERNIBLE</b> <input type="checkbox"/> <b>6 - IMPROPER TURN</b> <input type="checkbox"/> <b>7 - LEFT OF CENTER</b>			
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<b>SEQUENCE OF EVENTS</b>	<b>EVENTS</b> <input type="checkbox"/> <b>1 - OVERTURN/ROLLOVER</b> <input type="checkbox"/> <b>2 - FIRE/EXPLOSION</b> <input type="checkbox"/> <b>3 - IMMERSION</b> <input type="checkbox"/> <b>4 - JACKKNIFE</b> <input type="checkbox"/> <b>5 - CARGO / EQUIPMENT LOSS OR SHIFT</b> <input type="checkbox"/> <b>6 - EQUIPMENT FAILURE</b> <input type="checkbox"/> <b>25 - IMPACT ATTENUATOR / CRASH CUSHION</b> <input type="checkbox"/> <b>31 - GUARDRAIL END</b> <input type="checkbox"/> <b>38 - OVERHEAD SIGN POST</b> <input type="checkbox"/> <b>45 - EMBANKMENT</b> <input type="checkbox"/> <b>52 - BUILDING</b> <input type="checkbox"/> <b>26 - BRIDGE OVERHEAD STRUCTURE</b> <input type="checkbox"/> <b>32 - PORTABLE BARRIER</b> <input type="checkbox"/> <b>39 - LIGHT / LUMINARIES SUPPORT</b> <input type="checkbox"/> <b>46 - FENCE</b> <input type="checkbox"/> <b>53 - TUNNEL</b> <input type="checkbox"/> <b>27 - BRIDGE PIER OR ABUTMENT</b> <input type="checkbox"/> <b>33 - MEDIAN CABLE BARRIER</b> <input type="checkbox"/> <b>40 - UTILITY POLE</b> <input type="checkbox"/> <b>47 - MAILBOX</b> <input type="checkbox"/> <b>54 - OTHER FIXED OBJECT</b> <input type="checkbox"/> <b>28 - BRIDGE PARAPET</b> <input type="checkbox"/> <b>34 - MEDIAN GUARDRAIL BARRIER</b> <input type="checkbox"/> <b>41 - OTHER POST, POLE OR SUPPORT</b> <input type="checkbox"/> <b>48 - TREE</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>29 - BRIDGE RAIL</b> <input type="checkbox"/> <b>35 - MEDIAN CONCRETE BARRIER</b> <input type="checkbox"/> <b>42 - CULVERT</b> <input type="checkbox"/> <b>49 - FIRE HYDRANT</b> <input type="checkbox"/> <b>50 - WORK ZONE MAINTENANCE EQUIPMENT</b> <input type="checkbox"/> <b>30 - GUARDRAIL FACE</b> <input type="checkbox"/> <b>36 - MEDIAN OTHER BARRIER</b> <input type="checkbox"/> <b>43 - CURB</b> <input type="checkbox"/> <b>51 - WALL</b> <input type="checkbox"/> <b>37 - TRAFFIC SIGN POST</b> <input type="checkbox"/> <b>44 - DITCH</b>			
<b>FIRST HARMFUL EVENT</b> 1	<b>MOST HARMFUL EVENT</b> 1			

<b>NON-MOTORIST LOCATION</b>	<input type="checkbox"/> <b>1 - NONE</b> <input type="checkbox"/> <b>6 - BUS - CHARTER/TOUR</b> <input type="checkbox"/> <b>11 - FIRE</b> <input type="checkbox"/> <b>16 - FARM</b> <input type="checkbox"/> <b>21 - MAIL CARRIER</b> <input type="checkbox"/> <b>2 - TAXI</b> <input type="checkbox"/> <b>7 - BUS - INTERCITY</b> <input type="checkbox"/> <b>12 - MILITARY</b> <input type="checkbox"/> <b>17 - MOWING</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>3 - ELECTRONIC RIDE SHARING</b> <input type="checkbox"/> <b>8 - BUS - SHUTTLE</b> <input type="checkbox"/> <b>13 - POLICE</b> <input type="checkbox"/> <b>18 - SNOW REMOVAL</b> <input type="checkbox"/> <b>4 - SCHOOL TRANSPORT</b> <input type="checkbox"/> <b>9 - BUS - OTHER</b> <input type="checkbox"/> <b>14 - PUBLIC UTILITY</b> <input type="checkbox"/> <b>19 - TOWING</b> <input type="checkbox"/> <b>5 - BUS - TRANSIT/COMMUTER</b> <input type="checkbox"/> <b>10 - AMBULANCE</b> <input type="checkbox"/> <b>15 - CONSTRUCTION EQUIP.</b> <input type="checkbox"/> <b>20 - SAFETY SERVICE PATROL</b>			
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<b>LOCAL REPORT NUMBER</b> 22-26380	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
4	<input type="checkbox"/> <b>1 - NONE</b> <input type="checkbox"/> <b>3 - FUNCTIONAL DAMAGE</b> <input type="checkbox"/> <b>2 - MINOR DAMAGE</b> <input type="checkbox"/> <b>4 - DISABLING DAMAGE</b> <input type="checkbox"/> <b>9 - UNKNOWN</b>
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<input type="checkbox"/> <b>- NO DAMAGE [ 0 ]</b> <input type="checkbox"/> <b>- UNDERCARRIAGE [ 14 ]</b> <input type="checkbox"/> <b>- TOP [ 13 ]</b> <input type="checkbox"/> <b>- ALL AREAS [ 15 ]</b> <input type="checkbox"/> <b>- UNIT NOT AT SCENE [ 16 ]</b>	
<b>INITIAL POINT OF CONTACT</b>	
12	<input type="checkbox"/> <b>0 - NO DAMAGE</b> <input type="checkbox"/> <b>14 - UNDERCARRIAGE</b> <input type="checkbox"/> <b>1-12 - REFER TO UNIT DIAGRAM</b> <input type="checkbox"/> <b>15 - VEHICLE NOT AT SCENE</b> <input type="checkbox"/> <b>13 - TOP</b> <input type="checkbox"/> <b>99 - UNKNOWN</b>
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
2	6
<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
2	<input type="checkbox"/> <b>1 - NOT INVOLVED</b> <input type="checkbox"/> <b>2 - INVOLVED-ACTIVE CROSSING</b> <input type="checkbox"/> <b>3 - INVOLVED-PASSIVE CROSSING</b>
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM 2 TO 1	<input type="checkbox"/> <b>1 - NORTH</b> <input type="checkbox"/> <b>5 - NORTHEAST</b> <input type="checkbox"/> <b>2 - SOUTH</b> <input type="checkbox"/> <b>6 - NORTHWEST</b> <input type="checkbox"/> <b>3 - EAST</b> <input type="checkbox"/> <b>7 - SOUTHEAST</b> <input type="checkbox"/> <b>4 - WEST</b> <input type="checkbox"/> <b>8 - SOUTHWEST</b> <input type="checkbox"/> <b>9 - OTHER / UNKNOWN</b>
<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
20	<input type="checkbox"/> <b>1 - STATED / ESTIMATED SPEED</b> <input type="checkbox"/> <b>2 - CALCULATED / EDR</b> <input type="checkbox"/> <b>3 - UNDETERMINED</b>
<b>POSTED SPEED</b>	
45	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
22-26380

UNIT # 1	NAME: LAST, FIRST, MIDDLE WILL, DAVID, WILLIAM				DATE OF BIRTH 09/21/1950		AGE 71	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 524 E. HILLSIDE, STATE COLLEGE, PA, 16801					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE PA	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT	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: 1, TYPE: 1, VALUE: .		DRUG TEST(S) STATUS: 1, TYPE: 1, RESULTS SELECT UP TO 4		

UNIT # 2	NAME: LAST, FIRST, MIDDLE TOMKO, JENNA, MARIE				DATE OF BIRTH 10/18/1988		AGE 33	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 116 BEAU BAY BLVD, CHIPPEWA LAKE, OH, 44215					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.21A	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION NO PERSON SHALL OPERATE A MOTO			CITATION NUMBER Y42684		
OL CLASS 4	ENDORSEMENT	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: 1, TYPE: 1, VALUE: .		DRUG TEST(S) STATUS: 1, TYPE: 1, RESULTS SELECT UP TO 4		

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	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 <input type="checkbox"/> 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	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: 1, TYPE: 1, VALUE: .		DRUG TEST(S) STATUS: 1, TYPE: 1, RESULTS SELECT UP TO 4		

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPEO ONLY	5 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	
	8 - THIRD - MIDDLE	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	<b>ALCOHOL TEST TYPE</b>
	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	1 - NONE
	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY		2 - BLOOD
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	P - PASSENGER	11 - LIMITED TO EMPLOYMENT		3 - URINE
	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER		4 - BREATH
	13 - TRAILING UNIT	<b>TRAPPED</b>	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		5 - OTHER
	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	<b>CONDITION</b>	<b>DRUG TEST TYPE</b>
	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	1 - APPARENTLY NORMAL	1 - NONE
	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	2 - PHYSICAL IMPAIRMENT	2 - BLOOD
			X - TANKER / HAZMAT	17 - PROSTHETIC AID	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE
				18 - OTHER	4 - ILLNESS	4 - OTHER
					5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	
			<b>GENDER</b>		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	<b>DRUG TEST RESULT(S)</b>
			F - FEMALE		9 - OTHER / UNKNOWN	1 - AMPHETAMINES
			M - MALE			2 - BARBITURATES
			U - OTHER / UNKNOWN			3 - BENZODIAZEPINES
						4 - CANNABINOIDS
						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
22-26380

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	1	WILL, ELIZABETH, JOAN	06/23/1952	69	F

<b>OCCUPANT</b>	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
	524 W. HILLSIDE AVE, STATE COLLEGE, PA, 16801	[REDACTED]

<b>OCCUPANT</b>	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5	1			4		3	1	1	1

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

<b>OCCUPANT</b>	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

<b>OCCUPANT</b>	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

<b>OCCUPANT</b>	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

<b>OCCUPANT</b>	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

<b>OCCUPANT</b>	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

<b>OCCUPANT</b>	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

<b>WITNESS</b>	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

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<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

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