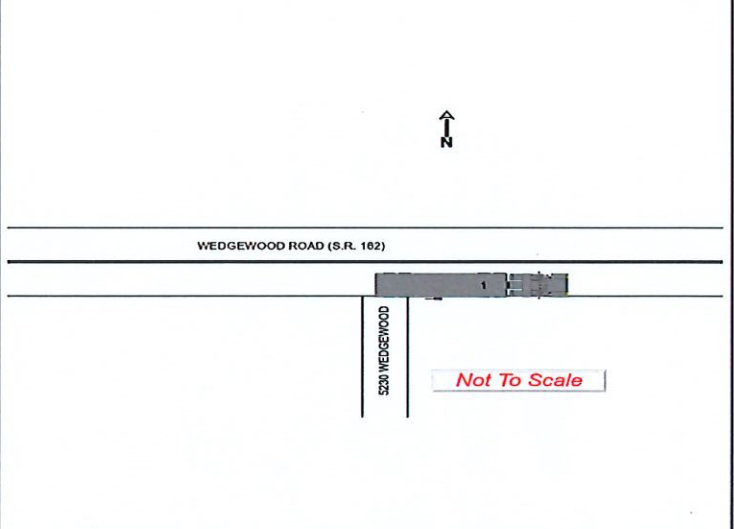


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| LOCAL INFORMATION                                                                                                                                                                                          |  |                          |  |                      |  | LOCAL REPORT NUMBER *                                                                                                                                                                                                      |  |                                                                                                                            |  |                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|----------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| 5230 Wedgewood Road                                                                                                                                                                                        |  |                          |  |                      |  | 26-48956                                                                                                                                                                                                                   |  |                                                                                                                            |  |                                                             |  |
| REPORTING AGENCY NAME *                                                                                                                                                                                    |  |                          |  |                      |  | NCIC *                                                                                                                                                                                                                     |  | HIT/SKIP                                                                                                                   |  |                                                             |  |
| Montville Police Department                                                                                                                                                                                |  |                          |  |                      |  | 05213                                                                                                                                                                                                                      |  | 1 - SOLVED<br>2 - UNSOLVED                                                                                                 |  |                                                             |  |
| COUNTY *                                                                                                                                                                                                   |  |                          |  |                      |  | LOCALITY *                                                                                                                                                                                                                 |  | CRASH DATE / TIME *                                                                                                        |  |                                                             |  |
| 52                                                                                                                                                                                                         |  |                          |  |                      |  | 3                                                                                                                                                                                                                          |  | 08/31/2026 14:52                                                                                                           |  |                                                             |  |
| LOCATION: CITY, VILLAGE, TOWNSHIP *                                                                                                                                                                        |  |                          |  |                      |  | LATITUDE DECIMAL DEGREES                                                                                                                                                                                                   |  | CRASH SEVERITY                                                                                                             |  |                                                             |  |
| Montville (Township of)                                                                                                                                                                                    |  |                          |  |                      |  | 41.099516                                                                                                                                                                                                                  |  | 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |  |                                                             |  |
| ROUTE TYPE                                                                                                                                                                                                 |  |                          |  |                      |  | ROUTE NUMBER                                                                                                                                                                                                               |  | PREFIX                                                                                                                     |  |                                                             |  |
| SR                                                                                                                                                                                                         |  |                          |  |                      |  | 162                                                                                                                                                                                                                        |  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                             |  |                                                             |  |
| LOCATION ROAD NAME                                                                                                                                                                                         |  |                          |  |                      |  | ROAD TYPE                                                                                                                                                                                                                  |  | LONGITUDE DECIMAL DEGREES                                                                                                  |  |                                                             |  |
| Wedgewood                                                                                                                                                                                                  |  |                          |  |                      |  | RD                                                                                                                                                                                                                         |  | -81.876567                                                                                                                 |  |                                                             |  |
| REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)                                                                                                                                                              |  |                          |  |                      |  | ROAD TYPE                                                                                                                                                                                                                  |  | INTERSECTION RELATED                                                                                                       |  |                                                             |  |
| 5230                                                                                                                                                                                                       |  |                          |  |                      |  |                                                                                                                                                                                                                            |  | WITHIN INTERSECTION OR ON APPROACH<br>WITHIN INTERCHANGE AREA                                                              |  |                                                             |  |
| REFERENCE POINT                                                                                                                                                                                            |  |                          |  |                      |  | DIRECTION FROM REFERENCE                                                                                                                                                                                                   |  | ROADWAY                                                                                                                    |  |                                                             |  |
| 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                           |  |                          |  |                      |  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                             |  | ROADWAY DIVIDED                                                                                                            |  |                                                             |  |
| DISTANCE FROM REFERENCE                                                                                                                                                                                    |  |                          |  |                      |  | DISTANCE UNIT OF MEASURE                                                                                                                                                                                                   |  | NUMBER OF APPROACHES                                                                                                       |  |                                                             |  |
|                                                                                                                                                                                                            |  |                          |  |                      |  | 1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                                         |  |                                                                                                                            |  |                                                             |  |
| LOCATION OF FIRST HARMFUL EVENT                                                                                                                                                                            |  |                          |  |                      |  | MANNER OF CRASH COLLISION/IMPACT                                                                                                                                                                                           |  |                                                                                                                            |  |                                                             |  |
| 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP                                                             |  |                          |  |                      |  | 1 - NOT COLLISION<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN                              |  |                                                                                                                            |  |                                                             |  |
| DIRECTION OF TRAVEL                                                                                                                                                                                        |  |                          |  |                      |  | MEDIAN TYPE                                                                                                                                                                                                                |  |                                                                                                                            |  |                                                             |  |
| 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                             |  |                          |  |                      |  | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN                                                  |  |                                                                                                                            |  |                                                             |  |
| WORK ZONE RELATED                                                                                                                                                                                          |  |                          |  |                      |  | WORK ZONE TYPE                                                                                                                                                                                                             |  |                                                                                                                            |  |                                                             |  |
| WORKERS PRESENT                                                                                                                                                                                            |  |                          |  |                      |  | 1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                            |  |                                                                                                                            |  |                                                             |  |
| LAW ENFORCEMENT PRESENT                                                                                                                                                                                    |  |                          |  |                      |  | LOCATION OF CRASH IN WORK ZONE                                                                                                                                                                                             |  |                                                                                                                            |  |                                                             |  |
| ACTIVE SCHOOL ZONE                                                                                                                                                                                         |  |                          |  |                      |  | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                                                                                  |  |                                                                                                                            |  |                                                             |  |
| CONTOUR                                                                                                                                                                                                    |  |                          |  |                      |  | CONDITIONS                                                                                                                                                                                                                 |  |                                                                                                                            |  |                                                             |  |
| 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN                                                                                                      |  |                          |  |                      |  | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN                                                                          |  |                                                                                                                            |  |                                                             |  |
| SURFACE                                                                                                                                                                                                    |  |                          |  |                      |  | SURFACE                                                                                                                                                                                                                    |  |                                                                                                                            |  |                                                             |  |
| 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN                                                                         |  |                          |  |                      |  |                                                                                                                                                                                                                            |  |                                                                                                                            |  |                                                             |  |
| LIGHT CONDITION                                                                                                                                                                                            |  |                          |  |                      |  | WEATHER                                                                                                                                                                                                                    |  |                                                                                                                            |  |                                                             |  |
| 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN                                                |  |                          |  |                      |  | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN |  |                                                                                                                            |  |                                                             |  |
| NARRATIVE                                                                                                                                                                                                  |  |                          |  |                      |  |                                                                                                                                                                                                                            |  |                                                                                                                            |  |                                                             |  |
| Unit #1 was traveling eastbound on Wedgewood Road (S.R.162), and the trailer got off the shoulder striking the mailbox at 5230 Wedgewood Road. No injuries were sustained and Unit #1 did not require tow. |  |                          |  |                      |  |                                                                                                                                                                                                                            |  |                                                                                                                            |  |                                                             |  |
|                                                                                                                        |  |                          |  |                      |  |                                                                                                                                                                                                                            |  |                                                                                                                            |  |                                                             |  |
| CRASH REPORTED DATE / TIME                                                                                                                                                                                 |  |                          |  | DISPATCH DATE / TIME |  | ARRIVAL DATE / TIME                                                                                                                                                                                                        |  | SCENE CLEARED DATE / TIME                                                                                                  |  | REPORT TAKEN BY                                             |  |
| 08/31/2026 14:54                                                                                                                                                                                           |  |                          |  | 08/31/2026 14:54     |  | 08/31/2026 15:00                                                                                                                                                                                                           |  | 08/31/2026 15:40                                                                                                           |  | POLICE AGENCY<br>MOTORIST                                   |  |
| TOTAL TIME ROADWAY CLOSED                                                                                                                                                                                  |  | OTHER INVESTIGATION TIME |  | TOTAL MINUTES        |  | OFFICER'S NAME*                                                                                                                                                                                                            |  | CHECKED BY OFFICER'S NAME*                                                                                                 |  | SUPPLEMENT                                                  |  |
|                                                                                                                                                                                                            |  |                          |  | 46                   |  | Bennett, Justin                                                                                                                                                                                                            |  | Gaede, Seth                                                                                                                |  | (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs) |  |
|                                                                                                                                                                                                            |  |                          |  |                      |  | OFFICER'S BADGE NUMBER*                                                                                                                                                                                                    |  | CHECKED BY OFFICER'S BADGE NUMBER*                                                                                         |  |                                                             |  |
|                                                                                                                                                                                                            |  |                          |  |                      |  | 1612                                                                                                                                                                                                                       |  | 1608                                                                                                                       |  |                                                             |  |

|                                                                                            |                                                                                                                        |                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                    |                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                           |  |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|
| <b>OWNER</b>                                                                               | <b>UNIT #</b>                                                                                                          | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )                                                                                           |                                                                                                                                                         |                                                                                                                                                                    |                                                                                                                                                                        | <b>OWNER PHONE:</b> (INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )                                                                      |                                                                                                                           |  |
|                                                                                            | 1                                                                                                                      | LEASE, PENSKE, TRUCK                                                                                                                                                         |                                                                                                                                                         |                                                                                                                                                                    |                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                           |  |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) |                                                                                                                        |                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                    |                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                           |  |
| 2675 MORGANTOWN , READING, PA, 44146                                                       |                                                                                                                        |                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                    |                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                           |  |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP                                 |                                                                                                                        |                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                    |                                                                                                                                                                        | <b>COMMERCIAL CARRIER PHONE:</b> (INCLUDE AREA CODE                                                                                                     |                                                                                                                           |  |
|                                                                                            |                                                                                                                        |                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                    |                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                           |  |
| <b>VEHICLE</b>                                                                             | <b>LP STATE</b>                                                                                                        | <b>LICENSE PLATE #</b>                                                                                                                                                       |                                                                                                                                                         | <b>VEHICLE IDENTIFICATION #</b>                                                                                                                                    |                                                                                                                                                                        | <b>VEHICLE YEAR</b>                                                                                                                                     | <b>VEHICLE MAKE</b>                                                                                                       |  |
|                                                                                            | IN                                                                                                                     | 3405786                                                                                                                                                                      |                                                                                                                                                         | 3AKJHDDR7MSMU1260                                                                                                                                                  |                                                                                                                                                                        | 2021                                                                                                                                                    | FREIGHTLINER                                                                                                              |  |
|                                                                                            | <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>                                                          | <b>INSURANCE COMPANY</b>                                                                                                                                                     |                                                                                                                                                         |                                                                                                                                                                    | <b>INSURANCE POLICY #</b>                                                                                                                                              | <b>COLOR</b>                                                                                                                                            | <b>VEHICLE MODEL</b>                                                                                                      |  |
|                                                                                            |                                                                                                                        | ERIE INSURANCE                                                                                                                                                               |                                                                                                                                                         |                                                                                                                                                                    | Q04-8030290                                                                                                                                                            | BLU                                                                                                                                                     | CASCADIA                                                                                                                  |  |
|                                                                                            | <b>TYPE OF USE</b>                                                                                                     |                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                    | <b>US DOT #</b>                                                                                                                                                        | <b>TOWED BY:</b> COMPANY NAME                                                                                                                           |                                                                                                                           |  |
|                                                                                            | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                    | 127912                                                                                                                                                                 |                                                                                                                                                         |                                                                                                                           |  |
|                                                                                            | <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>                                                              | <input type="checkbox"/> <b>HIT/SKIP UNIT</b>                                                                                                                                | <b># OCCUPANTS</b>                                                                                                                                      | <b>VEHICLE WEIGHT GVWR/GCWR</b>                                                                                                                                    |                                                                                                                                                                        | <b>HAZARDOUS MATERIAL</b>                                                                                                                               |                                                                                                                           |  |
|                                                                                            |                                                                                                                        |                                                                                                                                                                              | 1                                                                                                                                                       | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS.                                                                                                           |                                                                                                                                                                        | <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> RELEASED PLACARD ID #                                                                |                                                                                                                           |  |
|                                                                                            | <b>UNIT TYPE</b><br><br>15                                                                                             |                                                                                                                                                                              | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN                                           |                                                                                                                                                                    | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) |                                                                                                                                                         | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME |  |
|                                                                                            |                                                                                                                        |                                                                                                                                                                              | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE |                                                                                                                                                                    | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                              |                                                                                                                                                         |                                                                                                                           |  |
| <b># OF TRAILING UNITS</b><br><br>1                                                        |                                                                                                                        |                                                                                                                                                                              | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                                                                                           |                                                                                                                                                                    | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>9 - OTHER/UNKNOWN                         |                                                                                                                                                         |                                                                                                                           |  |
|                                                                                            |                                                                                                                        |                                                                                                                                                                              | 1 - YES    2 - NO    9 - OTHER / UNKNOWN                                                                                                                |                                                                                                                                                                    | AUTONOMOUS MODE LEVEL<br><br>0                                                                                                                                         |                                                                                                                                                         |                                                                                                                           |  |
|                                                                                            |                                                                                                                        |                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                    |                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                           |  |
| <b>SPECIAL FUNCTION</b><br><br>1                                                           |                                                                                                                        | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER                                                                    |                                                                                                                                                         | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE                                                            |                                                                                                                                                                        | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP.                                                            |                                                                                                                           |  |
|                                                                                            |                                                                                                                        | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL                                                                                   |                                                                                                                                                         | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN                                                                                                                          |                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                           |  |
|                                                                                            |                                                                                                                        | <b>CARGO BODY TYPE</b><br><br>99                                                                                                                                             |                                                                                                                                                         | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE                                                                     |                                                                                                                                                                        | 4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN /ENCLOSED BOX                                                                           |                                                                                                                           |  |
|                                                                                            |                                                                                                                        |                                                                                                                                                                              |                                                                                                                                                         | 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED                                                                                              |                                                                                                                                                                        | 11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE                                                                        |                                                                                                                           |  |
|                                                                                            |                                                                                                                        |                                                                                                                                                                              |                                                                                                                                                         | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                                                                               |                                                                                                                                                                        | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT                                                                                                          |                                                                                                                           |  |
| <b>VEHICLE DEFECTS</b><br><br>1                                                            |                                                                                                                        | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - (UN)MARKED CROSSWALK<br>3 - INTERSECTION - OTHER                                                                   |                                                                                                                                                         | 4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE                                                                            |                                                                                                                                                                        | 7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND                                                                                     |                                                                                                                           |  |
|                                                                                            |                                                                                                                        | 10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE                                                                            |                                                                                                                                                         | 99 - OTHER / UNKNOWN                                                                                                                                               |                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                           |  |
|                                                                                            |                                                                                                                        | 1 - NON-CONTACT<br>2 - NON-COLLISION                                                                                                                                         |                                                                                                                                                         | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES                                                                                                            |                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                           |  |
|                                                                                            |                                                                                                                        | 3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN                                                                                              |                                                                                                                                                         | 1 - OVERTAKING/PASSING<br>2 - MAKING RIGHT TURN<br>3 - MAKING LEFT TURN<br>4 - MAKING U-TURN<br>5 - ENTERING TRAFFIC LANE                                          |                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                           |  |
|                                                                                            |                                                                                                                        | 9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION |                                                                                                                                                         | 15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST |                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                           |  |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br><br>11                                                |                                                                                                                        | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER                                    |                                                                                                                                                         | 8 - FOLLOWING TOO CLOSE /ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING                                 |                                                                                                                                                                        | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION   |                                                                                                                           |  |
|                                                                                            |                                                                                                                        | 18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING /FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE                        |                                                                                                                                                         | 23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                       |                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                           |  |
|                                                                                            |                                                                                                                        | <b>SEQUENCE OF EVENTS</b>                                                                                                                                                    |                                                                                                                                                         | <b>EVENTS</b>                                                                                                                                                      |                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                           |  |
|                                                                                            |                                                                                                                        |                                                                                                                                                                              |                                                                                                                                                         | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE                      |                                                                                                                                                                        | 7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL |                                                                                                                           |  |
|                                                                                            |                                                                                                                        |                                                                                                                                                                              |                                                                                                                                                         | 12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER        |                                                                                                                                                                        | 19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT                             |                                                                                                                           |  |
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b>                                                |                                                                                                                        | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>                      |                                                                                                                                                         |                                                                                                                                                                    |                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                           |  |

LOCAL REPORT NUMBER

26-48956

DAMAGE

DAMAGE SCALE

1 - NONE

3 - FUNCTIONAL DAMAGE

2 - MINOR DAMAGE

4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

☐ - NO DAMAGE [ 0 ]

☐ - UNDERCARRIAGE [ 14 ]

☐ - TOP [ 13 ]

☐ - ALL AREAS [ 15 ]

☐ - 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

TRAFFIC

TRAFFICWAY FLOW

1 - ONE-WAY

2 - TWO-WAY

TRAFFIC CONTROL

1 - ROUNDABOUT

4 - STOP SIGN

2 - SIGNAL

5 - YIELD SIGN

3 - FLASHER

6 - NO CONTROL

# OF THROUGH LANES ON ROAD

2

RAIL GRADE CROSSING

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

FROM 4 TO 3

UNIT SPEED

45

DETECTED SPEED

1 - STATED / ESTIMATED SPEED

POSTED SPEED

45

1

2 - CALCULATED / EDR

3 - UNDETERMINED

[illegible]

|                                   |            |
|-----------------------------------|------------|
| LOCAL REPORT NUMBER<br>26-48956   |            |
| DATE OF BIRTH                     | AGE GENDER |
| CONTACT PHONE - INCLUDE AREA CODE |            |

|                                   |                           |                   |                                                 |                  |                                                  |
|-----------------------------------|---------------------------|-------------------|-------------------------------------------------|------------------|--------------------------------------------------|
| 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |
| SEATING POSITION                  | AIR BAG USAGE             | EJECTION          | TRAPPED                                         |                  |                                                  |

|                                   |                           |                   |                                                 |                  |                                                  |
|-----------------------------------|---------------------------|-------------------|-------------------------------------------------|------------------|--------------------------------------------------|
| 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |
| SEATING POSITION                  | AIR BAG USAGE             | EJECTION          | TRAPPED                                         |                  |                                                  |

|                                   |                           |                   |                                                 |                  |                                                  |
|-----------------------------------|---------------------------|-------------------|-------------------------------------------------|------------------|--------------------------------------------------|
| 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |
| SEATING POSITION                  | AIR BAG USAGE             | EJECTION          | TRAPPED                                         |                  |                                                  |

|                                   |                           |                   |                                                 |                  |                                                  |
|-----------------------------------|---------------------------|-------------------|-------------------------------------------------|------------------|--------------------------------------------------|
| 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 | <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                 |
| <b>INJURED TAKEN BY</b>                | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE                                                                         | 9 - DEPLOYMENT UNKNOWN             |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                                     | <b>EJECTION</b>                    |
| 2 - EMS                                | 8 - HELMET USED                               | 8 - THIRD - MIDDLE                                                                              | 1 - NOT EJECTED                    |
| 3 - POLICE                             | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE                                                                          | 2 - PARTIALLY EJECTED              |
| 9 - OTHER / UNKNOWN                    | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB                                                               | 3 - TOTALLY EJECTED                |
| <b>GENDER</b>                          | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
| F - FEMALE                             | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                         | <b>TRAPPED</b>                     |
| M - MALE                               |                                               | 13 - TRAILING UNIT                                                                              | 1 - NOT TRAPPED                    |
| U - OTHER / UNKNOWN                    |                                               | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                             | 2 - EXTRICATED BY MECHANICAL MEANS |
|                                        |                                               | 15 - NON-MOTORIST                                                                               | 3 - FREED BY NON-MECHANICAL MEANS  |
|                                        |                                               | 99 - OTHER / UNKNOWN                                                                            |                                    |

|                                   |                                   |     |        |
|-----------------------------------|-----------------------------------|-----|--------|
| NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |

|                                   |                                   |     |        |
|-----------------------------------|-----------------------------------|-----|--------|
| NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |

|                                   |                                   |     |        |
|-----------------------------------|-----------------------------------|-----|--------|
| NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |