

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> PRIVATE PROPERTY			<b>LOCAL INFORMATION</b> 815 CLEPPER LN <b>REPORTING AGENCY NAME*</b> Union Township Police Dept. <b>NCIC*</b> 01316			<b>LOCAL REPORT NUMBER*</b> 122005440					
<b>COUNTY*</b> 13 <b>LOCALITY*</b> 1-CITY 2-VILLAGE 3-TOWNSHIP			<b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> UNION (TOWNSHIP OF)			<b>HIT/SKIP</b> 1-SOLVED 02 2-UNRESOLVED 00					
<b>ROUTE TYPE</b> TR <b>ROUTE NUMBER</b> 252 <b>PREFIX</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST			<b>LOCATION ROAD NAME</b> CLEPPER			<b>ROAD TYPE</b> LA <b>LATITUDE DECIMAL DEGREES</b> 39.091326					
<b>ROUTE TYPE</b> ROUTE NUMBER <b>PREFIX</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST			<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> 815			<b>ROAD TYPE</b> <b>LONGITUDE DECIMAL DEGREES</b> -84.267318					
<b>REFERENCE POINT</b> 1-INTERSECTION 3 2-MILE POST 3-HOUSE #			<b>DIRECTION FROM REFERENCE</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST			<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE					
<b>ROUTE TYPE</b> AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS			<b>ROAD TYPE</b> HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE			<b>ROAD TYPE</b> RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY					
<b>INTERSECTION RELATED</b> <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA						<b>NUMBER OF APPROACHES</b> <b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED					
<b>LOCATION OF FIRST HARMFUL EVENT</b> 1-ON ROADWAY 06 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP			<b>MANNER OF CRASH COLLISION/IMPACT</b> 9-CROSSOVER 10-DRIVEWAY/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER / UNKNOWN			<b>DIRECTION OF TRAVEL</b> 5 1-NORTH 2-SOUTH 3-EAST 4-WEST			<b>MEDIAN TYPE</b> 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE			<b>WORK ZONE TYPE</b> 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER			<b>LOCATION OF CRASH IN WORK ZONE</b> 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA			<b>CONDITIONS</b> 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN		
<b>ROAD SURFACE</b> 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN											
<b>LIGHT CONDITION</b> 1 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN			<b>WEATHER</b> 01 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL								
<b>WEATHER</b> 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								
<b>NARRATIVE</b> Unit #1 backed in to Unit #2 from a parking space. Unit #2 was parked and unoccupied. Accident occurred on parking lot of Sam's Club, 815 Clepper Ln.									 Indicate the north direction with an "N" on the compass diagram.		
<b>CRASH REPORTED DATE / TIME</b> 06012022 1130		<b>DISPATCH DATE / TIME</b> 06012022 1133		<b>ARRIVAL DATE / TIME</b> 06012022 1141		<b>SCENE CLEARED DATE / TIME</b> 06012022 1200		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
<b>TOTAL TIME ROADWAY CLOSED</b> 0000		<b>OTHER INVESTIGATION TIME</b>		<b>TOTAL MINUTES</b> 0027		<b>OFFICER'S NAME*</b> Zimmerman, ROBERT		<b>CHECKED BY OFFICER'S NAME*</b> JASPER, GREGORY C			
						<b>OFFICER'S BADGE NUMBER*</b> 5 2		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 8 2			
<b>SUPPLEMENT</b> (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)											

UNIT # <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)		
732 CLOUGH PIKE, CINCINNATI OHIO 452451748		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <b>OH</b>	LICENSE PLATE # <b>HQF4959</b>	VEHICLE IDENTIFICATION # <b>2FMDK318C6171B10131536</b>		VEHICLE YEAR <b>2007</b>	VEHICLE MAKE <b>FORD</b>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>STATE FARM INS</b>	INSURANCE POLICY # <b>952 5336-C03-35</b>	COLOR <b>ORG</b>	VEHICLE MODEL <b>Edge</b>	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <b>01</b>		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		

UNIT TYPE <b>03</b>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/ UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN	
# OF TRAILING UNITS					

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

SPECIAL FUNCTION <b>01</b>	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING
21 - MAIL CARRIER 99 - OTHER / UNKNOWN				

CARGO BODY TYPE <b>01</b>	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN				

VEHICLE DEFECTS <b>00</b>	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
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NON-MOTORIST LOCATION AT IMPACT <b>00</b>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
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ACTION <b>03</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <b>02</b> 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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CONTRIBUTING CIRCUMSTANCES <b>00</b>	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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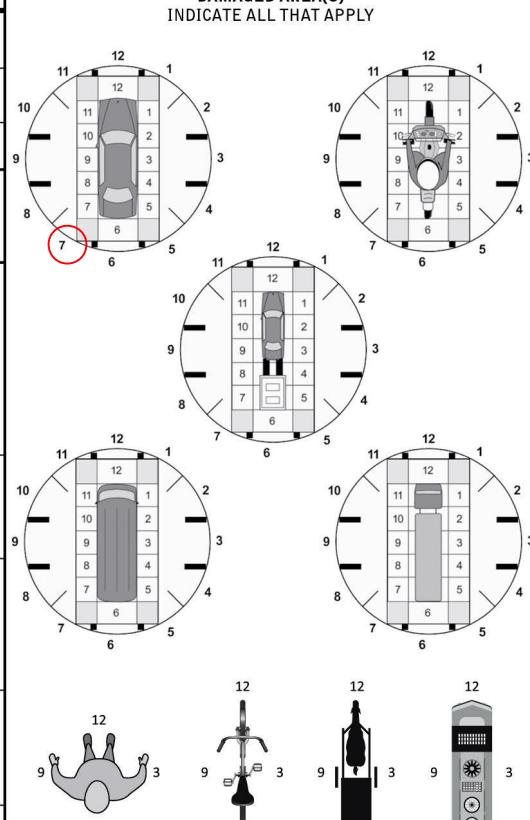
SEQUENCE OF EVENTS	EVENTS				
<b>21</b>	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT

<b>4</b>	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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<b>5</b>	1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT	COLLISION WITH FIXED OBJECT - STRUCK		
<b>6</b>			5 -	4 -	3 -

LOCAL REPORT NUMBER **122005440**

DAMAGE		
DAMAGE SCALE		
<b>2</b>	1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN



- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]

- TOP [ 13 ]  - ALL AREAS [ 15 ]

- UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT		
<b>06</b>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION	
FROM <b>3</b> TO <b>4</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED <b>5</b>	DETECTED SPEED <b>1</b>
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <b>25</b>	

OWNER

UNIT # <b>02</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)		10641 LEAVERTON RD, LEESBURG OHIO 451358426
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <b>OH</b>	LICENSE PLATE # <b>HTM6420</b>	VEHICLE IDENTIFICATION # <b>1F1T1FW1E1G5H1K1D319745</b>	VEHICLE YEAR <b>2017</b>	VEHICLE MAKE <b>FORD</b>
INSURANCE VERIFIED	INSURANCE COMPANY <b>SAFECO INSURANCE</b>	INSURANCE POLICY # <b>K3190594</b>	COLOR <b>RED</b>	VEHICLE MODEL <b>F-150</b>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED	#OCCUPANTS <b>00</b>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	CLASS # <b>PLACARD ID #</b>

UNIT TYPE <b>04</b>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS				

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

SPECIAL FUNCTION <b>01</b>	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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CARGO BODY TYPE <b>01</b>	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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VEHICLE DEFECTS <b>00</b>	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
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NON-MOTORIST LOCATION AT IMPACT <b>00</b>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
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ACTION <b>3</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <b>10</b> 4 - STRUCK PRE-CRASH ACTIONS 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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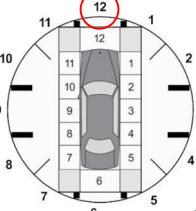
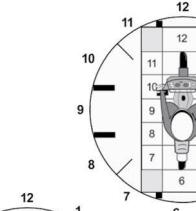
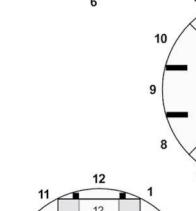
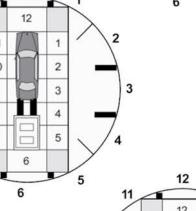
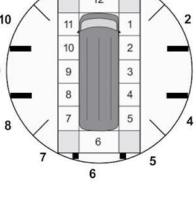
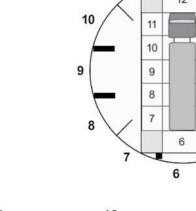
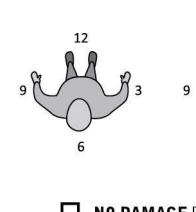
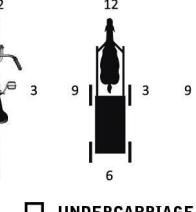
CONTRIBUTING CIRCUMSTANCES <b>00</b>	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS	EVENTS				
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<b>120</b>	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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<b>45</b>	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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<b>1</b>	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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DAMAGE		
DAMAGE SCALE		
<b>2</b>	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
       		
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]		
<input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]		
<input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]		

INITIAL POINT OF CONTACT		
<b>12</b>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION		
FROM <b>4</b>	TO <b>3</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED <b>0</b>	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>25</b>	

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE <u>01</u> BISHOP DONNA MARIE					DATE OF BIRTH <u>1 2 1 2 1 9 4 7</u>	AGE <u>074</u>	GENDER <u>F</u>			
	ADDRESS: STREET,CITY,STATE,ZIP 732 CLOUGH PIKE, CINCINNATI, Ohio, 452451748					CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES <u>5</u>	INJURED TAKEN BY <u>      </u>	EMS AGENCY (NAME) <u>      </u>	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <u>      </u>	SAFETY EQUIPMENT USED <u>03</u>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <u>01</u>	AIR BAG USAGE <u>1</u>	EJECTION <u>1</u>	TRAPPED <u>1</u>		
	OL STATE <u>      </u>	OPERATOR LICENSE NUMBER <u>      </u>		OFFENSE CHARGED <u>      </u>	LOCAL CODE <u>      </u>	OFFENSE DESCRIPTION				CITATION NUMBER		
	OL CLASS <u>      </u>	ENDORSEMENT SELECT UP TO 2 <u>      </u>	RESTRICTION SELECT UP TO 3 <u>      </u>	DRIVER DISTRACTED BY <u>      </u>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <u>1</u>	ALCOHOL TEST STATUS <u>1</u>	TYPE <u>1</u>	VALUE <u>      </u>	DRUG TEST(S) STATUS <u>1</u>	TYPE <u>1</u>	RESULT SELECT UP TO 4 <u>      </u>
	UNIT # <u>      </u>	NAME: LAST, FIRST, MIDDLE <u>      </u>					DATE OF BIRTH <u>      </u>	AGE <u>      </u>	GENDER <u>      </u>			
	ADDRESS: STREET,CITY,STATE,ZIP <u>      </u>						CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES <u>      </u>	INJURED TAKEN BY <u>      </u>	EMS AGENCY (NAME) <u>      </u>	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <u>      </u>	SAFETY EQUIPMENT USED <u>      </u>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <u>      </u>	AIR BAG USAGE <u>      </u>	EJECTION <u>      </u>	TRAPPED <u>      </u>		
	OL STATE <u>      </u>	OPERATOR LICENSE NUMBER <u>      </u>		OFFENSE CHARGED <u>      </u>	LOCAL CODE <u>      </u>	OFFENSE DESCRIPTION				CITATION NUMBER		
	OL CLASS <u>      </u>	ENDORSEMENT SELECT UP TO 2 <u>      </u>	RESTRICTION SELECT UP TO 3 <u>      </u>	DRIVER DISTRACTED BY <u>      </u>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <u>      </u>	ALCOHOL TEST STATUS <u>      </u>	TYPE <u>      </u>	VALUE <u>      </u>	DRUG TEST(S) STATUS <u>      </u>	TYPE <u>      </u>	RESULT SELECT UP TO 4 <u>      </u>
UNIT # <u>      </u>	NAME: LAST, FIRST, MIDDLE <u>      </u>					DATE OF BIRTH <u>      </u>	AGE <u>      </u>	GENDER <u>      </u>				
ADDRESS: STREET,CITY,STATE,ZIP <u>      </u>						CONTACT PHONE - INCLUDE AREA CODE						
INJURIES <u>      </u>	INJURED TAKEN BY <u>      </u>	EMS AGENCY (NAME) <u>      </u>	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <u>      </u>	SAFETY EQUIPMENT USED <u>      </u>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <u>      </u>	AIR BAG USAGE <u>      </u>	EJECTION <u>      </u>	TRAPPED <u>      </u>			
OL STATE <u>      </u>	OPERATOR LICENSE NUMBER <u>      </u>		OFFENSE CHARGED <u>      </u>	LOCAL CODE <u>      </u>	OFFENSE DESCRIPTION				CITATION NUMBER			
OL CLASS <u>      </u>	ENDORSEMENT SELECT UP TO 2 <u>      </u>	RESTRICTION SELECT UP TO 3 <u>      </u>	DRIVER DISTRACTED BY <u>      </u>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <u>      </u>	ALCOHOL TEST STATUS <u>      </u>	TYPE <u>      </u>	VALUE <u>      </u>	DRUG TEST(S) STATUS <u>      </u>	TYPE <u>      </u>	RESULT SELECT UP TO 4 <u>      </u>	
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS						
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN						
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	ALCOHOL TEST TYPE									
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER									
SAFETY EQUIPMENT	TRAPPED	GENDER	DRUG TEST TYPE									
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER									
CONDITION	DRUG TEST RESULT(S)											
1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS											