

Form No.  
AU-62  
Rev. 8-88

STATE OF OHIO  
DEPARTMENT OF TRANSPORTATION  
**PROPERTY DAMAGE  
AND ACCOUNTS RECEIVABLE REPORT**

To: **GUERNSEY County**

Title: [Title]

Date: **November 24, 2021**

Patrol Report No: **30-0873-30**

Party Responsible: **ROYSTER**

**SR No: IR 70 WB  
OVERPASS**

Damage To: **BRIDGE OVERPASS**

Accident date: **11/9/21**

**Location: MILEPOST 156**

Please investigate and advise the District Auditor within 10 days whether or not the damages will be repaired.

☐ No Repairs will not be performed because \_\_\_\_\_ Return entire sheet and patrol report.

Signature: \_\_\_\_\_

**MATERIAL**

QUANTITY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
TOTAL MATERIAL				
Date _____ Signature _____				

**DISTRICT OFFICE USE ONLY**

An Account Receivable:

☐ Will be Established

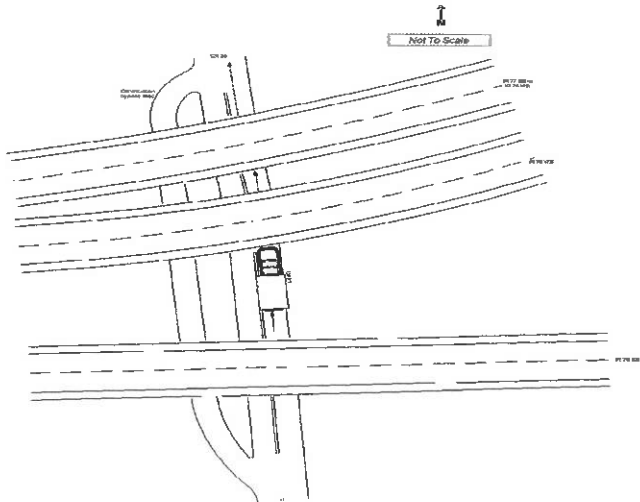
☐ Will Not be Established Because \_\_\_\_\_

DOT -  
0678

Signature \_\_\_\_\_

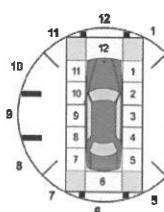
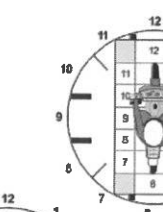
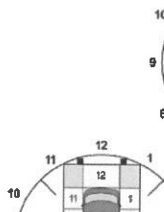
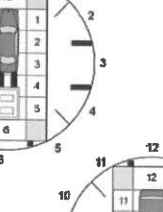
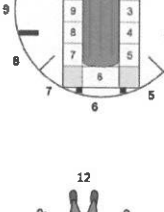
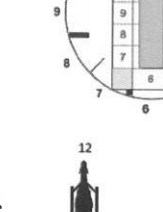
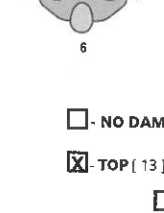
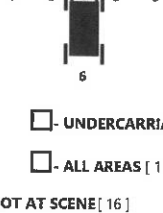
## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH - 2	<input checked="" type="checkbox"/> OH - 3	LOCAL INFORMATION P21110900002029		LOCAL REPORT NUMBER * 30-0873-30	
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME * Ohio State Highway Patrol		NCIC * OHP30	HIT/SKIP 1 - SOLVED 2 - UNSOLVED
COUNTY* 30	LOCALITY* 3 - CITY	LOCATION: CITY, VILLAGE, TOWNSHIP* Cambridge (Township of)		CRASH DATE / TIME* 11/09/2021 15:18		NUMBER OF UNITS 1	
ROUTE TYPE CR	ROUTE NUMBER 35	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 39.997126	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
ROUTE TYPE TR	ROUTE NUMBER 452	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES -81.564604		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES		
DISTANCE FROM REFERENCE 0.50	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSION MEDIAN (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 3	CONDITIONS 1	SURFACE 2	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	WEATHER 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN				
NARRATIVE Unit #1 was traveling northbound on CR 35. Unit #1 struck the IR 70 overpass with the top of the vehicle. Unit #1 fled the scene and was located on IR 70 westbound near mile post 156.							
CRASH REPORTED DATE / TIME 11/09/2021 15:18		DISPATCH DATE / TIME 11/09/2021 15:18		ARRIVAL DATE / TIME 11/09/2021 15:37		SCENE CLEARED DATE / TIME 11/09/2021 17:16	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES 118	OFFICER'S NAME* Zaugg, Joshua	CHECKED BY OFFICER'S NAME* Untied, Drew		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
			OFFICER'S BADGE NUMBER* 0677	CHECKED BY OFFICER'S BADGE NUMBER* 1547		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	

<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	LIS TRANSPORT LLC,	
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )		
3847 WINBERIE COURT, GAHANNA, OH, 43230			
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE	
LIS TRANSPORT LLC, 3847 WINBERIE COURT, GAHANNA, OH,			

<b>LP STATE</b>	<b>LICENSE PLATE #</b>	<b>VEHICLE IDENTIFICATION #</b>	<b>VEHICLE YEAR</b>	<b>VEHICLE MAKE</b>
OH	PMM6915	5PVNE8JT8D4S55086	2013	HINO
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY #</b>	<b>COLOR</b>	<b>VEHICLE MODEL</b>
	PROGRESSIVE	951014122	WHI	OTHER/UNKNOWN
<b>TYPE OF USE</b>		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME	
<input checked="" type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>			NONE	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input checked="" type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b>	<b>HAZARDOUS MATERIAL</b>	
		1	<input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b>	
<b>VEHICLE WEIGHT GVWR/GCWR</b>		<b>CLASS #</b> <b>PLACARD ID #</b>		
1 - ≤ 10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.				
<b>UNIT TYPE</b>				
1 - PASSENGER CAR    6 - VAN (9-15 SEATS)    12 - GOLF CART    18 - LIMO (LIVERY VEHICLE)    23 - PEDESTRIAN/SKATER 2 - PASSENGER VAN (MINIVAN)    7 - MOTORCYCLE 2-WHEELED    13 - SNOWMOBILE    19 - BUS (16+ PASSENGERS)    24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE    8 - MOTORCYCLE 3-WHEELED    14 - SINGLE UNIT TRUCK    20 - OTHER VEHICLE    25 - OTHER NON-MOTORIST 4 - PICK UP    9 - AUTOCYCLE    15 - SEMI-TRACTOR    21 - HEAVY EQUIPMENT    26 - BICYCLE 5 - CARGO VAN    10 - MOPED OR MOTORIZED BICYCLE    16 - FARM EQUIPMENT    22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE    27 - TRAIN 99 - UNKNOWN OR HIT/SKIP				
<b># OF TRAILING UNITS</b>				
0				
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>				
0 - NO AUTOMATION    3 - CONDITIONAL AUTOMATION    9 - OTHER/UNKNOWN 1 - DRIVER ASSISTANCE    4 - HIGH AUTOMATION				
<b>SPECIAL FUNCTION</b>				
1 - NONE    6 - BUS - CHARTER/TOUR    11 - FIRE    16 - FARM    21 - MAIL CARRIER 2 - TAXI    7 - BUS - INTERCITY    12 - MILITARY    17 - MOWING    99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING    8 - BUS - SHUTTLE    13 - POLICE    18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT    9 - BUS - OTHER    14 - PUBLIC UTILITY    19 - TOWING 5 - BUS - TRANSIT/COMMUTER    10 - AMBULANCE    15 - CONSTRUCTION EQUIP.    20 - SAFETY SERVICE PATROL				
<b>CARGO BODY TYPE</b>				
1 - NO CARGO BODY TYPE / NOT APPLICABLE    4 - LOGGING    7 - GRAIN/CHIPS/GRAVEL    11 - DUMP    99 - OTHER / UNKNOWN 2 - BUS    5 - INTERMODAL CONTAINER CHASSIS    8 - POLE    12 - CONCRETE MIXER 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE    6 - CARGOVAN /ENCLOSED BOX    9 - CARGO TANK    13 - AUTO TRANSPORTER 10 - FLAT BED    14 - GARBAGE/REFUSE				
<b>VEHICLE DEFECTS</b>				
1 - TURN SIGNALS    4 - BRAKES    7 - WORN OR SLICK TIRES    9 - MOTOR TROUBLE    99 - OTHER / UNKNOWN 2 - HEAD LAMPS    5 - STEERING    8 - TRAILER EQUIPMENT DEFECTIVE    10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS    6 - TIRE BLOWOUT				
<b>NON-MOTORIST LOCATION AT IMPACT</b>				
1 - INTERSECTION - MARKED CROSSWALK    4 - MIDBLOCK - MARKED CROSSWALK    7 - SHOULDER/ROADSIDE    10 - DRIVEWAY ACCESS    99 - OTHER / UNKNOWN 2 - INTERSECTION - UNMARKED CROSSWALK    5 - TRAVEL LANE - OTHER LOCATION    8 - SIDEWALK    11 - SHARED USE PATHS OR TRAILS 3 - INTERSECTION - OTHER    6 - BICYCLE LANE    9 - MEDIAN/CROSSING ISLAND    12 - FIRST RESPONDER AT INCIDENT SCENE				
<b>ACTION</b>				
1 - NON-CONTACT    1 - STRAIGHT AHEAD    9 - LEAVING TRAFFIC LANE    15 - WALKING, RUNNING, JOGGING, PLAYING    21 - STANDING OUTSIDE DISABLED VEHICLE 2 - NON-COLLISION    2 - BACKING    10 - PARKED    16 - WORKING    99 - OTHER / UNKNOWN 3 - STRIKING    3 - CHANGING LANES    11 - SLOWING OR STOPPED IN TRAFFIC    17 - PUSHING VEHICLE    18 - APPROACHING OR LEAVING VEHICLE 4 - STRUCK    4 - OVERTAKING/PASSING    12 - DRIVERLESS    19 - STANDING    20 - OTHER NON-MOTORIST 5 - BOTH STRIKING & STRUCK    5 - MAKING RIGHT TURN    13 - NEGOTIATING A CURVE    21 - ENTERING OR CROSSING SPECIFIED LOCATION 6 - MAKING LEFT TURN    7 - MAKING U-TURN    14 - ENTERING OR CROSSING SPECIFIED LOCATION 8 - ENTERING TRAFFIC LANE				
<b>CONTRIBUTING CIRCUMSTANCES</b>				
1 - NONE    8 - FOLLOWING TOO CLOSE /ACDA    13 - IMPROPER START FROM A PARKED POSITION    18 - OPERATING DEFECTIVE EQUIPMENT    23 - OPENING DOOR INTO ROADWAY 2 - FAILURE TO YIELD    9 - IMPROPER LANE CHANGE    14 - STOPPED OR PARKED ILLEGALLY    19 - LOAD SHIFTING /FALLING/SPILLING    99 - OTHER IMPROPER ACTION 3 - RAN RED LIGHT    10 - IMPROPER PASSING    15 - SWERVING TO AVOID    20 - IMPROPER CROSSING    21 - LYING IN ROADWAY 4 - RAN STOP SIGN    11 - DROVE OFF ROAD    16 - WRONG WAY    22 - NOT DISCERNIBLE 5 - UNSAFE SPEED    12 - IMPROPER BACKING    17 - VISION OBSTRUCTION				
<b>SEQUENCE OF EVENTS</b>				
1 - OVERTURN/ROLLOVER    7 - SEPARATION OF UNITS    12 - DOWNHILL RUNAWAY    19 - ANIMAL - OTHER    23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 2 - FIRE/EXPLOSION    8 - RAN OFF ROAD RIGHT    13 - OTHER NON-COLLISION    20 - MOTOR VEHICLE IN PARKED POSITION    24 - OTHER MOVABLE OBJECT 3 - IMMERSION    9 - RAN OFF ROAD LEFT    14 - PEDESTRIAN    21 - PARKED MOTOR VEHICLE 4 - JACKKNIFE    10 - CROSS MEDIAN    15 - PEDALCYCLE    22 - WORK ZONE MAINTENANCE EQUIPMENT 5 - CARGO / EQUIPMENT LOSS OR SHIFT    11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL    16 - RAILWAY VEHICLE    52 - BUILDING 6 - EQUIPMENT FAILURE    31 - GUARDRAIL END    38 - OVERHEAD SIGN POST    45 - EMBANKMENT 32 - PORTABLE BARRIER    39 - LIGHT / LUMINARIES SUPPORT    46 - FENCE    53 - TUNNEL 26 - BRIDGE OVERHEAD STRUCTURE    33 - MEDIAN CABLE BARRIER    40 - UTILITY POLE    47 - MAILBOX    54 - OTHER FIXED OBJECT 27 - BRIDGE PIER OR ABUTMENT    34 - MEDIAN GUARDRAIL BARRIER    41 - OTHER POST, POLE OR SUPPORT    48 - TREE    99 - OTHER / UNKNOWN 28 - BRIDGE PARAPET    35 - MEDIAN CONCRETE BARRIER    42 - CULVERT    49 - FIRE HYDRANT 29 - BRIDGE RAIL    36 - MEDIAN OTHER BARRIER    43 - CURB    50 - WORK ZONE MAINTENANCE EQUIPMENT 30 - GUARDRAIL FACE    37 - TRAFFIC SIGN POST    44 - DITCH    51 - WALL				
<b>FIRST HARMFUL EVENT</b> <b>MOST HARMFUL EVENT</b>				
1    1				

<b>LOCAL REPORT NUMBER</b>	
30-0873-30	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
1 - NONE    3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE    4 - DISABLING DAMAGE 9 - UNKNOWN	
<b>DAMAGED AREA(S)</b>	
INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> <b>NO DAMAGE</b> [ 0 ] <input type="checkbox"/> <b>UNDERCARRIAGE</b> [ 14 ] <input checked="" type="checkbox"/> <b>TOP</b> [ 13 ] <input type="checkbox"/> <b>ALL AREAS</b> [ 15 ] <input type="checkbox"/> <b>UNIT NOT AT SCENE</b> [ 16 ]	
<b>INITIAL POINT OF CONTACT</b>	
0 - NO DAMAGE    14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM    15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT    4 - STOP SIGN 2 - SIGNAL    5 - YIELD SIGN 3 - FLASHER    6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
1 - NORTH    5 - NORTHEAST 2 - SOUTH    6 - NORTHWEST 3 - EAST    7 - SOUTHEAST 4 - WEST    8 - SOUTHWEST 9 - OTHER / UNKNOWN	
<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
20	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b>	
55	

PAGE 3 OF 4

LOCAL REPORT NUMBER  
30-0873-30

OCCUPANT	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
OCCUPANT	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
OCCUPANT	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
OCCUPANT	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

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

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