

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

LP190112000205

PHOTOS TAKEN     OH-2     OH-3  
 SECONDARY CRASH     OH-1P     OTHER  
 PRIVATE PROPERTY

LOCAL INFORMATION  
**REPORTING AGENCY NAME\*** Clearcreek Twp. P.D.    **NCIC\*** 08316

**HIT/SKIP**  
1 - SOLVED  
2 - UNSOLVED

**NUMBER OF UNITS**  
02

**UNIT IN ERROR**  
98 - ANIMAL  
99 - UNKNOWN

**COUNTY\*** 83    **LOCALITY\*** 3  
1 - CITY  
2 - VILLAGE  
3 - TOWNSHIP

**LOCATION:** CITY, VILLAGE, TOWNSHIP\*  
Clearcreek

**CRASH DATE / TIME\***  
01122019 1040

**CRASH SEVERITY**  
3  
1 - FATAL  
2 - SERIOUS INJURY SUSPECTED  
3 - MINOR INJURY SUSPECTED  
4 - INJURY POSSIBLE  
5 - PROPERTY DAMAGE ONLY

**ROUTE TYPE** SR    **ROUTE NUMBER** 73    **PREFIX** 3  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

**LOCATION ROAD NAME**  
Bunnell Hill

**ROAD TYPE**  
RD

**LATITUDE** DECIMAL DEGREES  
39.546829

**ROUTE TYPE**    **ROUTE NUMBER**    **PREFIX**    1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

**REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)**  
Bunnell Hill

**ROAD TYPE**  
RD

**LONGITUDE** DECIMAL DEGREES  
-84.194487

**REFERENCE POINT**  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE #

**DIRECTION FROM REFERENCE**  
3  
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    HW - HIGHWAY    RD - ROAD  
AV - AVENUE    LA - LANE    SQ - SQUARE  
BL - BOULEVARD    MP - MILEPOST    ST - STREET  
CR - CIRCLE    OV - OVAL    TE - TERRACE  
CT - COURT    PK - PARKWAY    TL - TRAIL  
DR - DRIVE    PI - PIKE    WA - WAY  
HE - HEIGHTS    PL - PLACE

**INTERSECTION RELATED**  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA    **NUMBER OF APPROACHES** 4

**ROADWAY**  
 ROADWAY DIVIDED

**LOCATION OF FIRST HARMFUL EVENT**  
01  
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

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

**MANNER OF CRASH COLLISION/IMPACT**  
6  
1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
2 - REAR-END  
3 - HEAD-ON  
4 - REAR-TO-REAR  
5 - BACKING  
6 - ANGLE  
7 - SIDESWIPE, SAME DIRECTION  
8 - SIDESWIPE, OPPOSITE DIRECTION  
9 - OTHER / UNKNOWN

**DIRECTION OF TRAVEL**  
4  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

**MEDIAN TYPE**  
1 - DIVIDED FLUSH MEDIAN (< 4 FEET)  
2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)  
3 - DIVIDED, DEPRESSED MEDIAN  
4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
9 - OTHER/UNKNOWN

WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 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**  
2  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE  
9 - OTHER/UNKNOWN

**CONDITIONS**  
3  
1 - DRY  
2 - WET  
3 - SNOW  
4 - ICE  
5 - SAND, MUD, DIRT, OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER/UNKNOWN

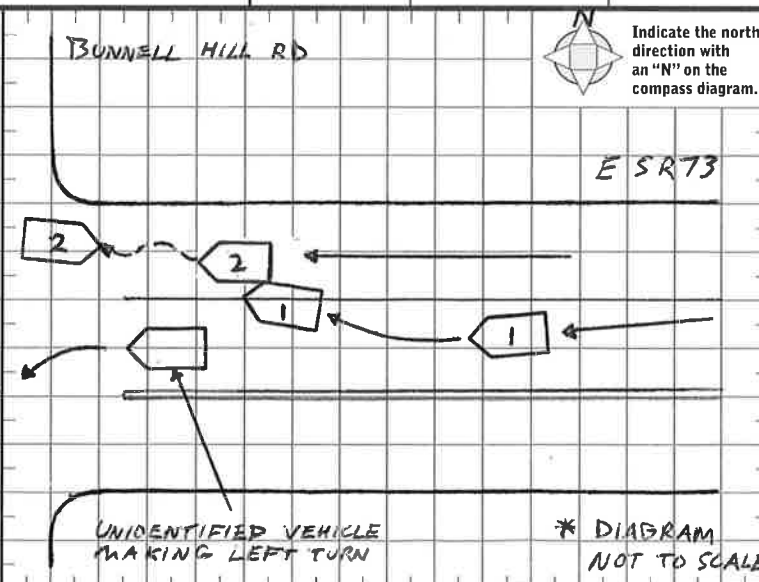
**SURFACE**  
2  
1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK  
4 - SLAG, GRAVEL, STONE  
5 - DIRT  
9 - OTHER/UNKNOWN

**LIGHT CONDITION**  
1  
1 - DAYLIGHT  
2 - DAWN/DUSK  
3 - DARK - LIGHTED ROADWAY  
4 - DARK - ROADWAY NOT LIGHTED  
5 - DARK - UNKNOWN ROADWAY LIGHTING  
9 - OTHER / UNKNOWN

**WEATHER**  
06  
1 - CLEAR    6 - SNOW  
2 - CLOUDY    7 - SEVERE CROSSWINDS  
3 - FOG, SMOG, SMOKE    8 - BLOWING SAND, SOIL, DIRT, SNOW  
4 - RAIN    9 - FREEZING RAIN OR FREEZING DRIZZLE  
5 - SLEET, HAIL    99 - OTHER / UNKNOWN

**NARRATIVE**

Unit 1 was westbound on E SR73 approaching Bunnell Hill Rd. Due to snow obstructing some of the pavement markings, the operator reported that he did not realize that he was traveling in the left turn lane until he came upon a vehicle waiting to turn left onto Bunnell Hill Rd from E SR73. Unit 1 then changed lanes into the west bound thru lane, striking Unit Two, which was operating properly in the west bound thru lane.



**CRASH REPORTED DATE / TIME** 01122019 1040    **DISPATCH DATE / TIME** 01122019 1040    **ARRIVAL DATE / TIME** 01122019 1045    **SCENE CLEARED DATE / TIME** 01122019 1138

**REPORT TAKEN BY**  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

**TOTAL TIME ROADWAY CLOSED**    **OTHER INVESTIGATION TIME**    **TOTAL MINUTES** 058

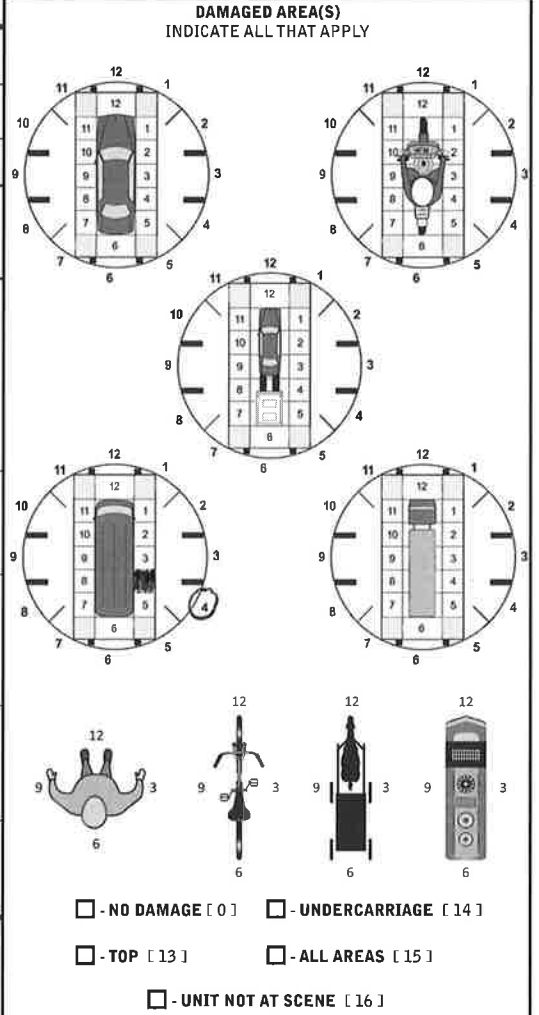
**OFFICER'S NAME\*** Daniel C. Morgan    **CHECKED BY OFFICER'S NAME\*** NEY  
**OFFICER'S BADGE NUMBER\*** 1 L 2 3    **CHECKED BY OFFICER'S BADGE NUMBER\*** 1 L 2 5

<b>UNIT #</b> 01	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (SAME AS DRIVER)	<b>OWNER PHONE:</b> INCLUDE AREA CODE (SAME AS DRIVER)
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (SAME AS DRIVER)		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE
<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> HDH 6503	<b>VEHICLE IDENTIFICATION #</b> 5FNYF6H04H3012402
<b>VEHICLE YEAR</b> 2017	<b>VEHICLE MAKE</b> Honda	<b>VEHICLE MODEL</b> Pilot
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> Cincinnati Ins. Co.	<b>INSURANCE POLICY #</b> A01 0024395
<input type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>GOVERNMENT</b>	<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> 03
<b>TYPE OF USE</b>		<b>US DOT #</b>
<input type="checkbox"/> <b>HAZARDOUS MATERIAL</b>		<b>TOWED BY: COMPANY NAME</b>
<input type="checkbox"/> <b>MATERIAL RELEASED</b>		<b>CLASS #</b>
<input type="checkbox"/> <b>PLACARD</b>		<b>PLACARD ID #</b>
<b>UNIT TYPE</b>		
<b># OF TRAILING UNITS</b>		
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>		
<b>AUTONOMOUS MODE LEVEL</b>		
<b>SPECIAL FUNCTION</b>		
<b>CARGO BODY TYPE</b>		
<b>VEHICLE DEFECTS</b>		

**DAMAGE**

**DAMAGE SCALE**

2 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN



<b>NON-MOTORIST LOCATION AT IMPACT</b>	<b>NON-COLLISION</b>	<b>NON-COLLISION</b>	<b>NON-COLLISION</b>
<b>ACTION</b>	<b>PRE-CRASH ACTIONS</b>	<b>NON-COLLISION</b>	<b>NON-COLLISION</b>

**INITIAL POINT OF CONTACT**

04 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

<b>CONTRIBUTING CIRCUMSTANCES</b>	<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
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<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
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<b>SEQUENCE OF EVENTS</b>	<b>NON-COLLISION</b>	<b>NON-COLLISION</b>	<b>NON-COLLISION</b>
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>	<b>COLLISION WITH FIXED OBJECT - STRUCK</b>	<b>COLLISION WITH FIXED OBJECT - STRUCK</b>	<b>COLLISION WITH FIXED OBJECT - STRUCK</b>
<b>FIRST HARMFUL EVENT</b>	<b>MOST HARMFUL EVENT</b>	<b>UNIT / NON-MOTORIST DIRECTION</b>	<b>UNIT / NON-MOTORIST DIRECTION</b>
<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>	<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>

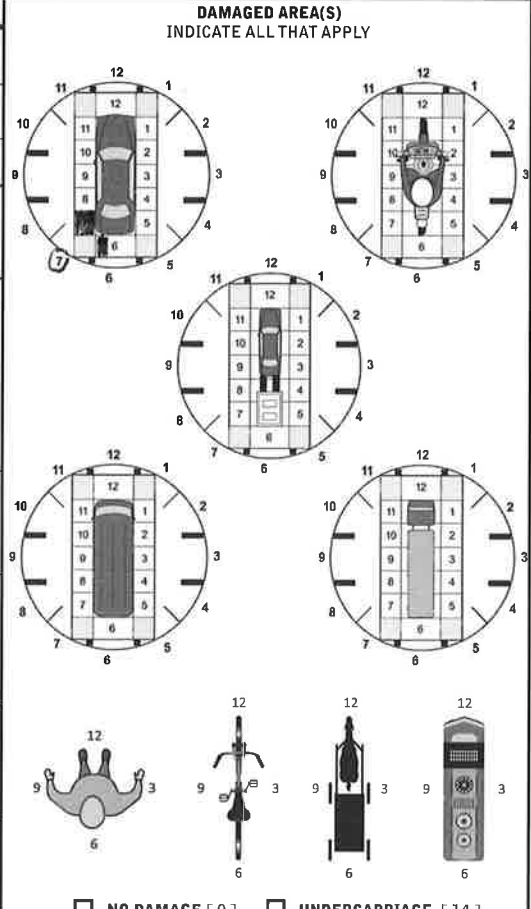
<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
<b>POSTED SPEED</b>	<b>DETECTED SPEED</b>

<b>OWNER</b>	<b>UNIT #</b> 02	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) Borgert, Charla D.	<b>OWNER PHONE:</b> INCLUDE AREA CODE (☐ SAME AS DRIVER) 9376891545
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)		
	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE
<b>VEHICLE</b>	<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> HBN7161	<b>VEHICLE IDENTIFICATION #</b> 1HGES16561L035491
	<b>VEHICLE YEAR</b> 2001	<b>VEHICLE MAKE</b> Honda	<b>VEHICLE MODEL</b> Civic
	<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> Allstate	<b>INSURANCE POLICY #</b> 992-543-753
	<input type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>GOVERNMENT</b>	<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>
	<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> 01
	<b>TYPE OF USE</b>	<b>US DOT #</b>	<b>HAZARDOUS MATERIAL</b>
	<input type="checkbox"/> PASSENGER CAR	<input type="checkbox"/> 1 - ≤10K LBS.	<input type="checkbox"/> MATERIAL RELEASED
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)	<input type="checkbox"/> 2 - 10,001 - 26K LBS.	<input type="checkbox"/> PLACARD
	<input type="checkbox"/> SPORT UTILITY VEHICLE	<input type="checkbox"/> 3 - >26K LBS.	<b>CLASS #</b> <b>PLACARD ID #</b>
<b>UNIT TYPE</b>	<input type="checkbox"/> 2 - PASSENGER VAN (MINIVAN)	<input type="checkbox"/> 11 - ALL TERRAIN VEHICLE (ATV / UTV)	<input type="checkbox"/> 18 - LIMO (LIVERY VEHICLE)
	<input type="checkbox"/> 3 - SPORT UTILITY VEHICLE	<input type="checkbox"/> 12 - GOLF CART	<input type="checkbox"/> 23 - PEDESTRIAN / SKATER
	<input type="checkbox"/> 4 - PICK UP	<input type="checkbox"/> 13 - SNOWMOBILE	<input type="checkbox"/> 24 - WHEELCHAIR (ANY TYPE)
	<input type="checkbox"/> 5 - CARGO VAN	<input type="checkbox"/> 14 - SINGLE UNIT TRUCK	<input type="checkbox"/> 25 - OTHER NON-MOTORIST
	<input type="checkbox"/> 6 - VAN (9-15 SEATS)	<input type="checkbox"/> 15 - SEMI-TRACTOR	<input type="checkbox"/> 26 - BICYCLE
<b># OF TRAILING UNITS</b>	<input type="checkbox"/> 7 - MOTORCYCLE 2-WHEELED	<input type="checkbox"/> 16 - FARM EQUIPMENT	<input type="checkbox"/> 27 - TRAIN
	<input type="checkbox"/> 8 - MOTORCYCLE 3-WHEELED	<input type="checkbox"/> 17 - MOTORHOME	<input type="checkbox"/> 99 - UNKNOWN OR HIT/SKIP
	<input type="checkbox"/> 9 - AUTOCYCLE		
	<input type="checkbox"/> 10 - MOPED OR MOTORIZED BICYCLE		
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>	<input type="checkbox"/> 0 - NO AUTOMATION	<input type="checkbox"/> 3 - CONDITIONAL AUTOMATION	<input type="checkbox"/> 9 - UNKNOWN
<input type="checkbox"/> 1 - YES	<input type="checkbox"/> 1 - DRIVER ASSISTANCE	<input type="checkbox"/> 4 - HIGH AUTOMATION	
<input type="checkbox"/> 2 - NO	<input type="checkbox"/> 2 - PARTIAL AUTOMATION	<input type="checkbox"/> 5 - FULL AUTOMATION	
<input type="checkbox"/> 9 - OTHER / UNKNOWN			
<b>AUTONOMOUS MODE LEVEL</b>	<input type="checkbox"/> 1 - NONE	<input type="checkbox"/> 6 - BUS - CHARTER/TOUR	<input type="checkbox"/> 21 - MAIL CARRIER
	<input type="checkbox"/> 2 - TAXI	<input type="checkbox"/> 7 - BUS - INTERCITY	<input type="checkbox"/> 99 - OTHER / UNKNOWN
<b>SPECIAL FUNCTION</b>	<input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING	<input type="checkbox"/> 8 - BUS - SHUTTLE	
	<input type="checkbox"/> 4 - SCHOOL TRANSPORT	<input type="checkbox"/> 9 - BUS - OTHER	
	<input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER	<input type="checkbox"/> 10 - AMBULANCE	
	<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE	<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS
<b>CARGO BODY TYPE</b>	<input type="checkbox"/> 2 - BUS	<input type="checkbox"/> 4 - LOGGING	<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX
		<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL	<input type="checkbox"/> 8 - POLE
		<input type="checkbox"/> 9 - CARGO TANK	<input type="checkbox"/> 10 - CONCRETE MIXER
		<input type="checkbox"/> 11 - DUMP	<input type="checkbox"/> 12 - AUTO TRANSPORTER
<b>VEHICLE DEFECTS</b>	<input type="checkbox"/> 1 - TURN SIGNALS	<input type="checkbox"/> 4 - BRAKES	<input type="checkbox"/> 7 - WORN OR SLICK TIRES
	<input type="checkbox"/> 2 - HEAD LAMPS	<input type="checkbox"/> 5 - STEERING	<input type="checkbox"/> 9 - MOTOR TROUBLE
	<input type="checkbox"/> 3 - TAIL LAMPS	<input type="checkbox"/> 6 - TIRE BLOWOUT	<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT
		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE	<input type="checkbox"/> 99 - OTHER / UNKNOWN

**DAMAGE**

**DAMAGE SCALE**

**3** 1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
9 - UNKNOWN



<b>NON-MOTORIST LOCATION AT IMPACT</b>	<input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK	<input type="checkbox"/> 3 - INTERSECTION - OTHER	<input type="checkbox"/> 6 - BICYCLE LANE	<input type="checkbox"/> 9 - MEDIAN/CROSSING ISLAND	<input type="checkbox"/> 12 - FIRST RESPONDER AT INCIDENT SCENE
	<input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK	<input type="checkbox"/> 4 - MIDBLOCK - MARKED CROSSWALK	<input type="checkbox"/> 7 - SHOULDER / ROADSIDE	<input type="checkbox"/> 10 - DRIVEWAY ACCESS	<input type="checkbox"/> 99 - OTHER / UNKNOWN
	<input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION	<input type="checkbox"/> 8 - SIDEWALK	<input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS		
<b>ACTION</b>	<input type="checkbox"/> 1 - NON-CONTACT	<input type="checkbox"/> 1 - STRAIGHT AHEAD	<input type="checkbox"/> 7 - MAKING U-TURN	<input type="checkbox"/> 13 - NEGOTIATING A CURVE	<input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE
	<input type="checkbox"/> 2 - NON-COLLISION	<input type="checkbox"/> 2 - BACKING	<input type="checkbox"/> 8 - ENTERING TRAFFIC LANE	<input type="checkbox"/> 14 - ENTERING OR CROSSING SPECIFIED LOCATION	<input type="checkbox"/> 19 - STANDING
	<input type="checkbox"/> 3 - STRIKING	<input type="checkbox"/> 3 - CHANGING LANES	<input type="checkbox"/> 9 - LEAVING TRAFFIC LANE	<input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING	<input type="checkbox"/> 20 - OTHER NON-MOTORIST
	<input type="checkbox"/> 4 - STRUCK	<input type="checkbox"/> 4 - OVERTAKING/PASSING	<input type="checkbox"/> 10 - PARKED	<input type="checkbox"/> 16 - WORKING	<input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE
	<input type="checkbox"/> 5 - BOTH STRIKING & STRUCK	<input type="checkbox"/> 5 - MAKING RIGHT TURN	<input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC	<input type="checkbox"/> 17 - PUSHING VEHICLE	<input type="checkbox"/> 99 - OTHER / UNKNOWN
	<input type="checkbox"/> 9 - OTHER / UNKNOWN	<input type="checkbox"/> 6 - MAKING LEFT TURN	<input type="checkbox"/> 12 - DRIVERLESS		

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE     14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM     15 - VEHICLE NOT AT SCENE  
 13 - TOP     99 - UNKNOWN

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

**TRAFFIC**

<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
<input type="checkbox"/> 1 - ONE-WAY	<input type="checkbox"/> 1 - ROUNDABOUT <input type="checkbox"/> 4 - STOP SIGN
<input type="checkbox"/> 2 - TWO-WAY	<input type="checkbox"/> 2 - SIGNAL <input type="checkbox"/> 5 - YIELD SIGN
	<input type="checkbox"/> 3 - FLASHER <input type="checkbox"/> 6 - NO CONTROL

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

<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
<input type="checkbox"/> 2	<input type="checkbox"/> 1 - NOT INVOLVED
	<input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING
	<input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING

**COLLISION WITH FIXED OBJECT - STRUCK**

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

**FIRST HARMFUL EVENT**  1    **MOST HARMFUL EVENT**  1

**UNIT / NON-MOTORIST DIRECTION**

**FROM**  3 **TO**  4

<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
<input type="checkbox"/> 050	<input type="checkbox"/> 1 - STATED / ESTIMATED SPEED
	<input type="checkbox"/> 2 - CALCULATED / EDR
<b>POSTED SPEED</b>	<input type="checkbox"/> 3 - UNDETERMINED
<input type="checkbox"/> 55	

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
LP190112000205

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> Oliver, Daniel S.		<b>DATE OF BIRTH</b> 08/31/1979		<b>AGE</b> 39	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 8515 Waynesboro Way Waynesville OH, 45068				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 513 2273445						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> RK799765		<b>OFFENSE CHARGED</b> 4511.33A1	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Marked Lanes Violation		<b>CITATION NUMBER</b> 017325			
<b>OL CLASS</b> 4	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4	

<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> Watkins, Justin D.		<b>DATE OF BIRTH</b> 03/13/1997		<b>AGE</b> 21	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 7588 Horizon Hill Dr. Springboro OH, 45066				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 937 9022087						
<b>INJURIES</b> 3	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> UB872611		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b> 4	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>		<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b>	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS TYPE VALUE		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4	

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 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	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
<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		<b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	<b>OL ENDORSEMENT</b> 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			<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b> 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		<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			<b>CONDITION</b> 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	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						<b>DRUG TEST RESULT(S)</b> 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
LP190112000205

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
	1	Oliver, Kinga M.	10/30/1978	40	F					
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
	8515 Waynesboro Way Waynesville, OH 45068		513 227 3445							
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5				04	<input type="checkbox"/>	03	01	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
	1	Oliver, Izabella	12/01/2005	13	F					
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
	8515 Waynesboro Way Waynesville, OH 45068		513 227 3445							
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5				04	<input type="checkbox"/>	07	01	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
						<input type="checkbox"/>				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
						<input type="checkbox"/>				

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 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
	10 - REFLECTIVE CLOTHING	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>
	99 - OTHER / UNKNOWN	13 - TRAILING UNIT	1 - NOT TRAPPED
		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	

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