

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

19-61301

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

LOCAL INFORMATION
 REPORTING AGENCY NAME*
 JACKSON TWP POLICE DEPARTME

HIT/SKIP
 1 - SOLVED
 2 - UNSOLVED
 NUMBER OF UNITS
 02
 UNIT IN ERROR
 98 - ANIMAL
 99 - UNKNOWN
 02

COUNTY* 76 LOCALITY* 3
 1 - CITY
 2 - VILLAGE
 3 - TOWNSHIP
 LOCATION: CITY, VILLAGE, TOWNSHIP*
 Jackson (Township of)

CRASH DATE / TIME*
 12302019 1304
 CRASH SEVERITY
 5
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

LOCATION
 ROUTE TYPE ROUTE NUMBER PREFIX
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 LOCATION ROAD NAME
 DRESSLER
 ROAD TYPE
 RD

LATITUDE DECIMAL DEGREES
 LONGITUDE DECIMAL DEGREES

REFERENCE
 ROUTE TYPE ROUTE NUMBER PREFIX
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
 5465
 ROAD TYPE

REFERENCE POINT
 3
 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
 HW - HIGHWAY
 LA - LANE
 MP - MILEPOST
 OV - OVAL
 PK - PARKWAY
 PI - PIKE
 PL - PLACE
 RD - ROAD
 SQ - SQUARE
 ST - STREET
 TE - TERRACE
 TL - TRAIL
 WA - WAY

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES
 ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT
 06
 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
 2
 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
 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
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER/UNKNOWN

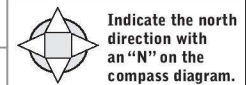
CONDITIONS
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT, OIL, GRAVEL
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 9 - OTHER/UNKNOWN

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

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

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

NARRATIVE
 UNIT #1 WAS STOPPED IN THE ACCESS ROAD IN FRONT OF THE LISTED BUSINESS. UNIT #2 WAS TRAVELING BEHIND UNIT #1 AND STRUCK UNIT #1, CAUSING DAMAGE TO BOTH VEHICLES.
 MD



CRASH REPORTED DATE / TIME: 12302019 1304
 DISPATCH DATE / TIME: 12302019 1309
 ARRIVAL DATE / TIME: 12302019 1317
 SCENE CLEARED DATE / TIME: 12302019 1338
 REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)
 TOTAL TIME ROADWAY CLOSED: 0
 OTHER INVESTIGATION TIME: 0
 TOTAL MINUTES: 29
 OFFICER'S NAME*: WYDRA, CAROL
 OFFICER'S BADGE NUMBER*: 493
 CHECKED BY OFFICER'S NAME*: VAUGHN, DANIEL
 CHECKED BY OFFICER'S BADGE NUMBER*: 117

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
BLOGNA, MARK H

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # FHN1032 VEHICLE IDENTIFICATION # _____ VEHICLE YEAR 2008 VEHICLE MAKE CHEV

INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # _____ COLOR RED VEHICLE MODEL IMP

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. MATERIAL RELEASED PLACARD CLASS # _____ PLACARD ID # _____

UNIT TYPE

<u>01</u>	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
	4 - PICK UP	10 - MOPEL OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
	5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
	6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS _____

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

<input type="checkbox"/> 0 - NO AUTOMATION	<input type="checkbox"/> 3 - CONDITIONAL AUTOMATION	<input type="checkbox"/> 9 - UNKNOWN
<input type="checkbox"/> 1 - DRIVER ASSISTANCE	<input type="checkbox"/> 4 - HIGH AUTOMATION	
<input type="checkbox"/> 2 - PARTIAL AUTOMATION	<input type="checkbox"/> 5 - FULL AUTOMATION	

SPECIAL FUNCTION

<input type="checkbox"/> 1 - NONE	<input type="checkbox"/> 6 - BUS - CHARTER/TOUR	<input type="checkbox"/> 11 - FIRE	<input type="checkbox"/> 16 - FARM	<input type="checkbox"/> 21 - MAIL CARRIER
<input type="checkbox"/> 2 - TAXI	<input type="checkbox"/> 7 - BUS - INTERCITY	<input type="checkbox"/> 12 - MILITARY	<input type="checkbox"/> 17 - MOWING	<input type="checkbox"/> 99 - OTHER / UNKNOWN
<input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING	<input type="checkbox"/> 8 - BUS - SHUTTLE	<input type="checkbox"/> 13 - POLICE	<input type="checkbox"/> 18 - SNOW REMOVAL	
<input type="checkbox"/> 4 - SCHOOL TRANSPORT	<input type="checkbox"/> 9 - BUS - OTHER	<input type="checkbox"/> 14 - PUBLIC UTILITY	<input type="checkbox"/> 19 - TOWING	
<input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER	<input type="checkbox"/> 10 - AMBULANCE	<input type="checkbox"/> 15 - CONSTRUCTION EQUIPMENT	<input type="checkbox"/> 20 - SAFETY SERVICE PATROL	

CARGO BODY TYPE

<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	<input type="checkbox"/> 8 - POLE	<input type="checkbox"/> 12 - CONCRETE MIXER
<input type="checkbox"/> 2 - BUS	<input type="checkbox"/> 4 - LOGGING	<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX	<input type="checkbox"/> 9 - CARGO TANK	<input type="checkbox"/> 13 - AUTO TRANSPORTER
		<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL	<input type="checkbox"/> 10 - FLAT BED	<input type="checkbox"/> 14 - GARBAGE/REFUSE
			<input type="checkbox"/> 11 - DUMP	<input type="checkbox"/> 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

<input type="checkbox"/> 1 - TURN SIGNALS	<input type="checkbox"/> 4 - BRAKES	<input type="checkbox"/> 7 - WORN OR SLICK TIRES	<input type="checkbox"/> 9 - MOTOR TROUBLE	<input type="checkbox"/> 99 - OTHER / UNKNOWN
<input type="checkbox"/> 2 - HEAD LAMPS	<input type="checkbox"/> 5 - STEERING	<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE	<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT	
<input type="checkbox"/> 3 - TAIL LAMPS	<input type="checkbox"/> 6 - TIRE BLOWOUT			

NON-MOTORIST LOCATION AT IMPACT

<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 - MIDDLEBLOCK - 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	

ACTION

<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		

PRE-CRASH ACTIONS

<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 / ACDA	<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			

CONTRIBUTING CIRCUMSTANCES

<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 / ACDA	<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			

SEQUENCE OF EVENTS

20

EVENTS

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

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

DAMAGE

DAMAGE SCALE

2 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

7 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

TRAFFIC

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

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

<input type="checkbox"/> 1 - NORTH	<input type="checkbox"/> 5 - NORTHEAST
<input type="checkbox"/> 2 - SOUTH	<input type="checkbox"/> 6 - NORTHWEST
<input type="checkbox"/> 3 - EAST	<input type="checkbox"/> 7 - SOUTHEAST
<input type="checkbox"/> 4 - WEST	<input type="checkbox"/> 8 - SOUTHWEST
	<input type="checkbox"/> 9 - OTHER / UNKNOWN

UNIT SPEED

000

POSTED SPEED

00

DETECTED SPEED

1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED

19-61301

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE SAME AS DRIVER OWNER PHONE: INCLUDE AREA CODE SAME AS DRIVER

OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # AZ15ZR VEHICLE IDENTIFICATION # _____ VEHICLE YEAR 2004 VEHICLE MAKE CHEV

INSURANCE VERIFIED INSURANCE COMPANY METROPOLITAN INSURANCE POLICY # _____ COLOR SIL VEHICLE MODEL S-10

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. MATERIAL RELEASED PLACARD CLASS # _____ PLACARD ID # _____

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

0 # OF TRAILING UNITS

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

SPECIAL FUNCTION 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 EQUIPMENT 20 - SAFETY SERVICE PATROL

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

VEHICLE DEFECTS 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 13 - AUTO TRANSPORTER
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

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

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

EVENT(S)

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

COLLISION WITH FIXED OBJECT - STRUCK

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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

DAMAGE

DAMAGE SCALE 2 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

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

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 RAIL GRADE CROSSING 1 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

UNIT SPEED 000

POSTED SPEED 00

DETECTED SPEED 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
19-61301

UNIT # 01	NAME: LAST, FIRST, MIDDLE BLOGNA, CONNIE L		DATE OF BIRTH 01111957		AGE 62	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 5077 SHAMROCK AVE NW NORTH CANTON OH 44720				CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 99	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE **	OPERATOR LICENSE NUMBER *****		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT # 02	NAME: LAST, FIRST, MIDDLE JONES, JAMES L		DATE OF BIRTH 01301939		AGE 80	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 2617 WILDWOOD AVE NE CANTON OH 44714				CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE **	OPERATOR LICENSE NUMBER *****		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) 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			
INJURED TAKEN BY	1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	EJECTION	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	OL ENDORSEMENT	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	ALCOHOL TEST TYPE	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		
SAFETY EQUIPMENT	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	TRAPPED	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	GENDER	F - FEMALE M - MALE U - OTHER / UNKNOWN	CONDITION	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	DRUG TEST TYPE	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						DRUG TEST RESULT(S)	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS		