



TRAFFIC CRASH REPORT

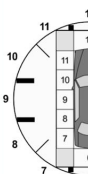
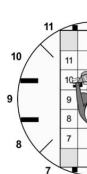
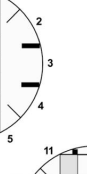
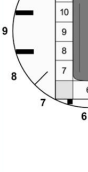
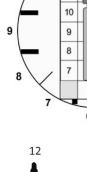
Document #: 20203181623

☒ PHOTOS TAKEN ☐ SECONDARY CRASH ☐ PRIVATE PROPERTY		☐ OH-2 ☐ OH-1P ☐ OTHER		LOCAL INFORMATION CITY OF OAKWOOD REPORTING AGENCY NAME* OAKWOOD POLICE		NCIC* 05710		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 3		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 1	
COUNTY* 57	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* OAKWOOD				ODPS FIPS 57764		CRASH DATE / TIME* 10/24/2020 1:47:32 PM		CRASH SEVERITY 5-PROPERTY DAMAGE ONLY			
ROUTE TYPE	ROUTE NUMBER	PREFIX	N - NORTH S - SOUTH E - EAST W - WEST	LOCATION ROAD NAME FAR HILLS			ROAD TYPE AV	ODPS LATITUDE 39.727835		ODPS LONGITUDE -84.178656			
ROUTE TYPE	ROUTE NUMBER	PREFIX	N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE#) OAKWOOD			ROAD TYPE AV	ODOT LATITUDE 39.727831		ODOT LONGITUDE -84.178660			
REFERENCE POINT 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER		DIRECTION FROM REFERENCE S N - NORTH S - SOUTH E - EAST W - 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 PI - PIKE PK - PARKWAY PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		ODOT GOOGLE MAP LINK https://www.google.com/maps?q=39.727831,-84.178660					
DISTANCE FROM REFERENCE 10.000		DISTANCE UNIT OF MEASURE 2 1 - MILES 2 - FEET 3 - YARDS						INTERSECTION RELATED ☒ WITHIN INTERSECTION OR ON APPROACH ☒ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 6					
								ROADWAY ☐ ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT 1 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 - TOOL BOOTH 99 - OTHER / UNKNOWN				MANNER OF CRASH COLLISION/IMPACT 2 1 - NOT COLLISION BETWEEN TWO 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 ☐ N - NORTH ☐ S - SOUTH ☐ E - EAST ☐ W - WEST		MEDIAN TYPE ☐ 1 - DIVIDED FLUSH MEDIAN (LESS THAN 4 FEET) ☐ 2 - DIVIDED FLUSH MEDIAN (4 FEET AND GREATER) ☐ 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 FIRST 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 1 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 1 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 3 WAS LEGALLY STOPPED IN INTERSECTION NORTHBOUND FAR HILLS AVENUE, LANE 1, AWAITING TRAFFIC TO CLEAR SO AS TO MAKE LEFT TURN ONTO W. THRUSTON BOULEVARD. UNIT 2 WAS ALSO NORTHBOUND FAR HILLS AVENUE, LANE 1, STOPPED BEHIND UNIT 3. UNIT 1 WAS NORTHBOUND FAR HILLS AVENUE, LANE 1, AND FAILED TO STOP IN TIME, STRIKING REAR OF UNIT 2 CAUSING UNIT 2 TO STRIKE UNIT 3.													
CRASH REPORTED DATE / TIME 10/24/2020 1:47:32 PM		DISPATCH DATE / TIME 10/24/2020 1:49:20 PM		ARRIVAL DATE / TIME 10/24/2020 1:49:20 PM		SCENE CLEARED DATE / TIME 10/24/2020 2:40:10 PM		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs					
TOTAL TIME ROADWAY CLOSED 36	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 51	OFFICER'S NAME* SLONE, JUSTIN		CHECKED BY OFFICER'S NAME* TANNER, MICHAEL C								
			OFFICER'S BADGE NUMBER* 28		CHECKED BY OFFICER'S BADGE NUMBER* 6								

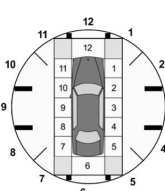
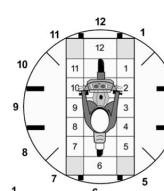
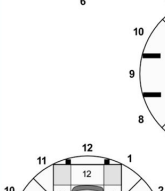
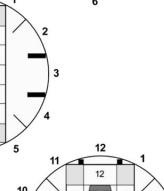
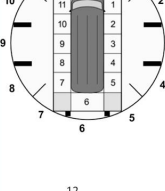
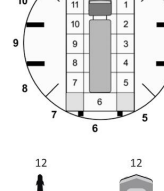
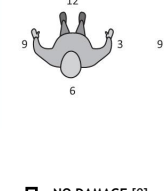
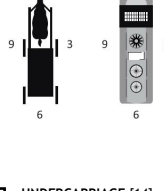
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If you are not an authorized user, please contact the ODOT Help Desk immediately.



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Document #: 20203181623	
Local Report #: 2020000003228	
DAMAGE	
DAMAGE SCALE	
4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREAS INDICATE ALL THAT APPLY	
12	
         	
☐ - NO DAMAGE [0] ☐ - TOP [13] ☐ - UNDERCARRIAGE [14] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
12 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 2	TO 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED 35	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED 35	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (I) SAME AS DRIVER 2		OWNER PHONE: INCLUDE AREACODE (I) SAME AS DRIVER	
OWNER ADDRESS:	STREET, CITY, STATE, ZIP (I) SAME AS DRIVER			
COMMERCIAL CARRIER:	STREET, CITY, STATE, ZIP (I) SAME AS DRIVER		COMMERCIAL CARRIER PHONE: INCLUDE AREACODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION # 3C4NJDBB8JT393680	VEHICLE YEAR 2018	VEHICLE MAKE JEEP
☐ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR GRY	VEHICLE MODEL COMPASS
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME SANDY'S TOWING	
☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE ☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
#OCCUPANTS 1		☐ 1 - ≤10k LBS. ☐ 2 - 10,001 - 26K LBS. ☐ 3 - > 26K LBS.	☐ MATERIAL RELEASED ☐ PLACARD CLASS # PLACARD ID #	
3 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)			
# OF TRAILING UNITS	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN 1 - PARTIAL AUTOMATION 2 - FULL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION			
1 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			
1 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 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 10 - FLAT BED 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 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER/UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS			
5 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 22 - NOT DISCERNIBLE 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING AND 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			
11 PRE-CRASH ACTION				
1 CONTRIBUTING CIRCUMSTANCE	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 12 - IMPROPER BACKING			
SEQUENCE OF EVENTS				
NON-COLLISION				
20	1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 22 - WORK ZONE - MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CAR, 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 COLLISION WITH FIXED OBJECT STRUCK 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE			
20				
20				
20				
20				
20				
20				
COLLISION WITH FIXED OBJECT - STRUCK				
25	25 - IMPACT ATTENUATOR/ CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE - MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 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			
2	MOST HARMFUL EVENT			

DAMAGE	
DAMAGE SCALE	
4	1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREAS INDICATE ALL THAT APPLY	
1,6	
       	
☐ NO DAMAGE [0] ☐ UNDERCARRIAGE [14] ☐ TOP [13] ☐ ALL AREAS [15] ☐ UNIT NOT AT SCENE [16]	
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TRAFFIC	
2	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY
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4	# OF THROUGH LANES ON ROAD
1	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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UNIT SPEED	DETECTED SPEED
POSTED SPEED	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
35	

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FIRST HARMFUL EVENT		MOST HARMFUL EVENT																																																						

DAMAGE	
DAMAGE SCALE	
3 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREAS INDICATE ALL THAT APPLY	
6,7	
☐ NO DAMAGE [0] ☐ UNDERCARRIAGE [14] ☐ TOP [13] ☐ ALL AREAS [15] ☐ UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
6 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2 1 - ONE-WAY 2 - TWO-WAY	2 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 2	TO 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED	DETECTED SPEED
	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED	
35	



MOTORIST / NON-MOTORIST

Document #: 20203181623

Local Report #: 20200000003228

Motorist/Non-Motorist	UNIT # 1	PERSON TYPE D	NAME: LAST, FIRST, MIDDLE ,			DATE OF BIRTH			AGE 39	GENDER F																																																									
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																													
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME) ☐	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) ☐	SAFETY EQUIPMENT USED 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSTION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																									
	OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 333.03A	LOCAL CODE ■	OFFENSE DESCRIPTION SPEED, ACDA			CITATION NUMBER 26706-1																																																										
Motorist/Non-Motorist	OL CLASS 4	ENDORSEMENTS SELECT UP TO 2 ☐ ☐	RESTRICTION: SELECT UP TO 3 ☐ ☐ ☐	DRIVER DISTRACTED BY 6	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 1			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 ☐ ☐ ☐ ☐																																																								
	UNIT # 2	PERSON TYPE D	NAME: LAST, FIRST, MIDDLE ,			DATE OF BIRTH			AGE 24	GENDER F																																																									
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																													
	INJURIES 5	INJURED TAKEN BY 2	EMS AGENCY (NAME) ☐	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) ☐	SAFETY EQUIPMENT USED 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSTION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																									
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	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																													
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OCCUPANT/WITNESS ADDENDUM

Document #: 20203181623

Local Report #: 20200000003228

OCCUPANT	UNIT # 1	PERSON TYPE 0	NAME: LAST, FIRST, MIDDLE ,			DATE OF BIRTH		AGE 3	GENDER M																									
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																												
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME) ☐	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) ☐	SAFETY EQUIPMENT USED 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSTION 4	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																								
OCCUPANT	UNIT # 1	PERSON TYPE 0	NAME: LAST, FIRST, MIDDLE ,			DATE OF BIRTH		AGE 6	GENDER F																									
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																												
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OCCUPANT	UNIT # 1	PERSON TYPE 0	NAME: LAST, FIRST, MIDDLE ,			DATE OF BIRTH		AGE 8	GENDER M																									
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																												
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OCCUPANT	UNIT # 3	PERSON TYPE 0	NAME: LAST, FIRST, MIDDLE ,			DATE OF BIRTH		AGE 15	GENDER M																									
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																												
	INJURIES 5	INJURED TAKEN BY 3	EMS AGENCY (NAME) ☐	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) ☐	SAFETY EQUIPMENT USED 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSTION 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																								
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