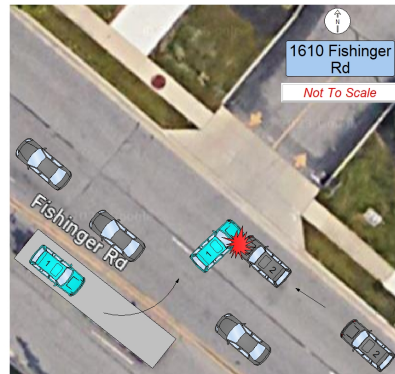




## TRAFFIC CRASH REPORT

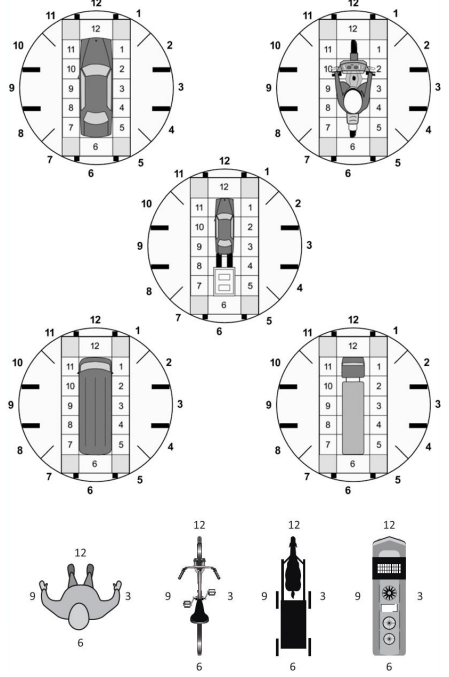
Document #: 20236114271

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		<input type="checkbox"/> OH-3		LOCAL INFORMATION		Local Report #: 202300970	
COUNTY* 25		LOCALITY* 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Upper Arlington		ODPS FIPS 79002		CRASH DATE / TIME* 6/29/2023 3:38:00 PM	
ROUTE TYPE		ROUTE NUMBER		PREFIX N - NORTH S - SOUTH E - EAST W - WEST		LOCATION ROAD NAME Fishinger		ROAD TYPE RD	
ROUTE TYPE		ROUTE NUMBER		PREFIX N - NORTH S - SOUTH E - EAST W - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE#) 1610		ROAD TYPE	
REFERENCE POINT 3		DIRECTION N		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		ODOT GOOGLE MAP LINK https://www.google.com/maps?q=40.024797,-83.056819	
DISTANCE 0.000		DISTANCE 1						INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT 1		DIRECTION N		MANNER OF CRASH COLLISION/IMPACT 6		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	
<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 FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1		CONDITIONS 1	
LIGHT CONDITION 1		WEATHER 1				SURFACE 2			
NARRATIVE UNIT 1 WAS TRAVELING EASTBOUND ON FISHINGER RD NEAR THE ENTRANCE OF PNC BANK, 1610 FISHINGER RD. UNIT 1 STATED THAT THERE WERE NUMEROUS VEHICLES STOPPED IN TRAFFIC, BUT A GAP WAS LEFT IN ORDER TO ACCESS THE ENTRANCE TO PNC BANK. UNIT 1 STATED THAT THEY DID NOT OBSERVE ANY VEHICLES APPROACHING AND BEGAN TO MAKE THEIR LEFT TURN INTO THE PARKING LOT. WHILE DOING SO, UNIT 2 WAS TRAVELING WESTBOUND ON FISHINGER RD NEAR THE ENTRANCE TO PNC BANK IN THE CURB LANE. UNIT 2 STATED THERE WERE NUMEROUS STOPPED VEHICLES IN THE CENTER WESTBOUND LANE TOO. UNIT 2 STRUCK UNIT 1 AS UNIT 1 WAS MAKING THE LEFT TURN INTO THE PARKING LOT OF PNC BANK.									
CRASH REPORTED DATE / TIME 6/29/2023 3:39:00 PM		DISPATCH DATE / TIME 6/29/2023 3:44:00 PM		ARRIVAL DATE / TIME 6/29/2023 3:46:00 PM		SCENE CLEARED DATE / TIME 6/29/2023 4:30:00 PM		REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 46		OFFICER'S NAME* J. Kelly OFFICER'S BADGE NUMBER* 1180		CHECKED BY OFFICER'S NAME* Galli, H CHECKED BY OFFICER'S BADGE NUMBER* 1133	

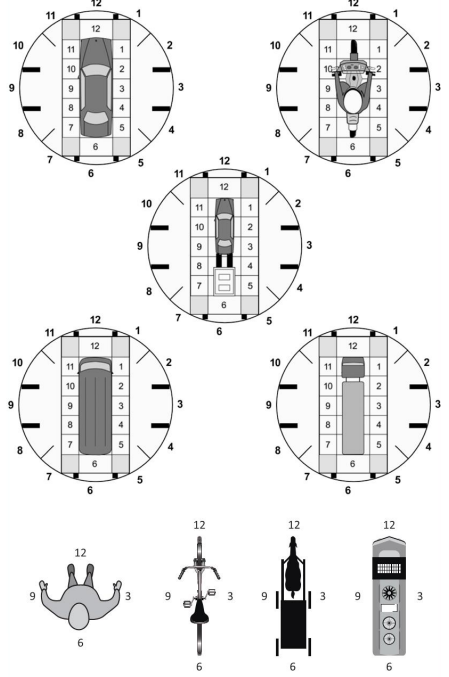


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If you are not an authorized user, please contact the ODOT Help Desk immediately.

<b>OWNER</b>	<b>UNIT #</b>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (1) SAME AS DRIVER	<b>OWNER PHONE:</b> INCLUDE AREA CODE (1) SAME AS DRIVER		
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (1) SAME AS DRIVER				
<b>VEHICLE</b>	<b>COMMERCIAL CARRIER:</b> STREET, CITY, STATE, ZIP (1) SAME AS DRIVER		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE		
	<b>LP STATE</b>	<b>LICENSE PLATE #</b>	<b>VEHICLE IDENTIFICATION #</b>	<b>VEHICLE YEAR</b>	<b>VEHICLE MAKE</b>
<b>EVENTS</b>	<input type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY #</b>	<b>COLOR</b>	<b>VEHICLE MODEL</b>
	<b>TYPE OF USE</b>		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME	
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>VEHICLE WEIGHT GVWR/GCWR</b> <input type="checkbox"/> 1 - ≤10K LBS. <input type="checkbox"/> 2 - 10,001 - 26K LBS. <input type="checkbox"/> 3 - > 26K LBS.	<b>HAZARDOUS MATERIAL</b>	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT			<b>CLASS #</b> <b>PLACARD ID #</b> <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	<b>3</b>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2 WHEELED 8 - MOTORCYCLE 3 WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	
	<b># OF TRAILING UNITS</b>	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN		<b>0</b> AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	
	<b>1</b>	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS TRANSIT/COMMUTER		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	
	<b>1</b>	1 - NO CARGO BODY TYPE/NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	
	<b>VEHICLE DEFECTS</b>	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	
	<b>NON-MOTORIST LOCATION AT IMPACT</b>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDDLEBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	
<b>4</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING AND STRUCK 9 - OTHER/UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN		
<b>6</b>	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING		
<b>SEQUENCE OF EVENTS</b>					
<b>NON-COLLISION</b>					
1	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT		6 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN		
2			11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE		
3			16 - RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE		
4			22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CAR, OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT COLLISION WITH FIXED OBJECT STRUCK		
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>					
5	25 - IMPACT ATTENUATOR/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER		
6			37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT		
1	<b>FIRST HARMFUL EVENT</b>		<b>MOST HARMFUL EVENT</b>		

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

<b>OWNER</b>	<b>UNIT #</b>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (1) SAME AS DRIVER		<b>OWNER PHONE:</b> INCLUDE AREA CODE (1) SAME AS DRIVER		
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (1) SAME AS DRIVER					
<b>VEHICLE</b>	<b>COMMERCIAL CARRIER:</b> STREET, CITY, STATE, ZIP (1) SAME AS DRIVER		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE			
	<b>LP STATE</b>	<b>LICENSE PLATE #</b>	<b>VEHICLE IDENTIFICATION #</b>	<b>VEHICLE YEAR</b>	<b>VEHICLE MAKE</b>	
<b>EVENTS</b>	<input type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY #</b>	<b>COLOR</b>	<b>VEHICLE MODEL</b>	
	<b>TYPE OF USE</b>		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME		
<b>VEHICLE</b>	<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>		<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b>	<b>VEHICLE WEIGHT GVWR/GCWR</b>	
	<input type="checkbox"/> <b>COMMERCIAL</b>		<input type="checkbox"/> <b>GOVERNMENT</b>	<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>	<b>HAZARDOUS MATERIAL</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>1 - PASSENGER CAR</b>		<input type="checkbox"/> <b>7 - MOTORCYCLE 2 WHEELED</b>	<input type="checkbox"/> <b>12 - GOLF CART</b>	<input type="checkbox"/> <b>18 - LIMO (LIVERY VEHICLE)</b>	
	<input type="checkbox"/> <b>2 - PASSENGER VAN (MINIVAN)</b>		<input type="checkbox"/> <b>8 - MOTORCYCLE 3 WHEELED</b>	<input type="checkbox"/> <b>13 - SNOWMOBILE</b>	<input type="checkbox"/> <b>24 - PEDESTRIAN/SKATER</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>3 - SPORT UTILITY VEHICLE</b>		<input type="checkbox"/> <b>9 - AUTOCYCLE</b>	<input type="checkbox"/> <b>14 - SINGLE UNIT TRUCK</b>	<input type="checkbox"/> <b>25 - WHEELCHAIR (ANY TYPE)</b>	
	<input type="checkbox"/> <b>4 - PICK UP</b>		<input type="checkbox"/> <b>10 - MOPED OR MOTORIZED BICYCLE</b>	<input type="checkbox"/> <b>15 - SEMI-TRACTOR</b>	<input type="checkbox"/> <b>26 - OTHER NON-MOTORIST</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>5 - CARGO VAN</b>		<input type="checkbox"/> <b>11 - ALL TERRAIN VEHICLE (ATV/UTV)</b>	<input type="checkbox"/> <b>16 - FARM EQUIPMENT</b>	<input type="checkbox"/> <b>27 - BICYCLE</b>	
	<input type="checkbox"/> <b>6 - VAN (9-15 SEATS)</b>			<input type="checkbox"/> <b>17 - MOTORHOME</b>	<input type="checkbox"/> <b>99 - UNKNOWN OR HIT/SKIP</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b># OF TRAILING UNITS</b>		<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>			
	<input type="checkbox"/> <b>2</b>		<input type="checkbox"/> <b>0</b>			
<b>VEHICLE</b>	<input type="checkbox"/> <b>1 - NONE</b>		<input type="checkbox"/> <b>6 - BUS - CHARTER/TOUR</b>	<input type="checkbox"/> <b>11 - FIRE</b>	<input type="checkbox"/> <b>16 - FARM</b>	
	<input type="checkbox"/> <b>2 - TAXI</b>		<input type="checkbox"/> <b>7 - BUS - INTERCITY</b>	<input type="checkbox"/> <b>12 - MILITARY</b>	<input type="checkbox"/> <b>21 - MAIL CARRIER</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>3 - ELECTRONIC RIDE SHARING</b>		<input type="checkbox"/> <b>8 - BUS - SHUTTLE</b>	<input type="checkbox"/> <b>13 - POLICE</b>	<input type="checkbox"/> <b>99 - OTHER/UNKNOWN</b>	
	<input type="checkbox"/> <b>4 - SCHOOL TRANSPORT</b>		<input type="checkbox"/> <b>9 - BUS - OTHER</b>	<input type="checkbox"/> <b>14 - PUBLIC UTILITY</b>		
<b>VEHICLE</b>	<input type="checkbox"/> <b>5 - BUS TRANSIT/COMMUTER</b>		<input type="checkbox"/> <b>10 - AMBULANCE</b>	<input type="checkbox"/> <b>15 - CONSTRUCTION EQUIPMENT</b>		
	<input type="checkbox"/> <b>1 - NO CARGO BODY TYPE/NOT APPLICABLE</b>		<input type="checkbox"/> <b>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE</b>	<input type="checkbox"/> <b>5 - INTERMODAL CONTAINER CHASSIS</b>	<input type="checkbox"/> <b>8 - POLE</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>2 - BUS</b>		<input type="checkbox"/> <b>4 - LOGGING</b>	<input type="checkbox"/> <b>6 - CARGO VAN/ENCLOSED BOX</b>	<input type="checkbox"/> <b>9 - CARGO TANK</b>	
				<input type="checkbox"/> <b>7 - GRAIN/CHIPS/GRAVEL</b>	<input type="checkbox"/> <b>10 - FLAT BED</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>1 - TURN SIGNALS</b>		<input type="checkbox"/> <b>4 - BRAKES</b>	<input type="checkbox"/> <b>7 - WORN OR SLICK TIRES</b>	<input type="checkbox"/> <b>9 - MOTOR TROUBLE</b>	
	<input type="checkbox"/> <b>2 - HEAD LAMPS</b>		<input type="checkbox"/> <b>5 - STEERING</b>	<input type="checkbox"/> <b>8 - TRAILER EQUIPMENT DEFECTIVE</b>	<input type="checkbox"/> <b>10 - DISABLED FROM PRIOR ACCIDENT</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>3 - TAIL LAMPS</b>		<input type="checkbox"/> <b>6 - TIRE BLOWOUT</b>			
	<input type="checkbox"/> <b>1 - INTERSECTION - MARKED CROSSWALK</b>		<input type="checkbox"/> <b>3 - INTERSECTION - OTHER</b>	<input type="checkbox"/> <b>6 - BICYCLE LANE</b>	<input type="checkbox"/> <b>9 - MEDIAN/CROSSING ISLAND</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>2 - INTERSECTION - UNMARKED CROSSWALK</b>		<input type="checkbox"/> <b>4 - MIDBLOCK - MARKED CROSSWALK</b>	<input type="checkbox"/> <b>7 - SHOULDER/ROADSIDE</b>	<input type="checkbox"/> <b>12 - FIRST RESPONDER AT INCIDENT SCENE</b>	
	<input type="checkbox"/> <b>NON-MOTORIST LOCATION AT IMPACT</b>		<input type="checkbox"/> <b>5 - TRAVEL LANE - OTHER LOCATION</b>	<input type="checkbox"/> <b>8 - SIDEWALK</b>	<input type="checkbox"/> <b>99 - OTHER/UNKNOWN</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>1 - NON-CONTACT</b>		<input type="checkbox"/> <b>1 - STRAIGHT AHEAD</b>	<input type="checkbox"/> <b>7 - MAKING U-TURN</b>	<input type="checkbox"/> <b>13 - NEGOTIATING A CURVE</b>	
	<input type="checkbox"/> <b>2 - NON-COLLISION</b>		<input type="checkbox"/> <b>2 - BACKING</b>	<input type="checkbox"/> <b>8 - ENTERING TRAFFIC LANE</b>	<input type="checkbox"/> <b>18 - APPROACHING OR LEAVING VEHICLE</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>3 - STRIKING</b>		<input type="checkbox"/> <b>3 - CHANGING LANES</b>	<input type="checkbox"/> <b>9 - LEAVING TRAFFIC LANE</b>	<input type="checkbox"/> <b>19 - STANDING</b>	
	<input type="checkbox"/> <b>4 - STRUCK</b>		<input type="checkbox"/> <b>4 - OVERTAKING/PASSING</b>	<input type="checkbox"/> <b>10 - PARKED</b>	<input type="checkbox"/> <b>20 - OTHER NON-MOTORIST</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>5 - BOTH STRIKING AND STRUCK</b>		<input type="checkbox"/> <b>5 - MAKING RIGHT TURN</b>	<input type="checkbox"/> <b>11 - SLOWING OR STOPPED IN TRAFFIC</b>	<input type="checkbox"/> <b>15 - WALKING, RUNNING, JOGGING, PLAYING</b>	
	<input type="checkbox"/> <b>9 - OTHER/UNKNOWN</b>		<input type="checkbox"/> <b>6 - MAKING LEFT TURN</b>	<input type="checkbox"/> <b>12 - DRIVERLESS</b>	<input type="checkbox"/> <b>16 - WORKING</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>1 - PRE-CRASH ACTION</b>		<input type="checkbox"/> <b>17 - PUSHING VEHICLE</b>			
	<input type="checkbox"/> <b>1 - NONE</b>		<input type="checkbox"/> <b>7 - LEFT OF CENTER</b>	<input type="checkbox"/> <b>13 - IMPROPER START FROM A PARKED POSITION</b>	<input type="checkbox"/> <b>21 - LYING IN ROADWAY</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>2 - FAILURE TO YIELD</b>		<input type="checkbox"/> <b>8 - FOLLOWING TOO CLOSE / ACDA</b>	<input type="checkbox"/> <b>14 - STOPPED OR PARKED ILLEGALLY</b>	<input type="checkbox"/> <b>22 - NOT DISCERNIBLE</b>	
	<input type="checkbox"/> <b>3 - RAN RED LIGHT</b>		<input type="checkbox"/> <b>9 - IMPROPER LANE CHANGE</b>	<input type="checkbox"/> <b>15 - SWERVING TO AVOID</b>	<input type="checkbox"/> <b>23 - OPENING DOOR INTO ROADWAY</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>4 - RAN STOP SIGN</b>		<input type="checkbox"/> <b>10 - IMPROPER PASSING</b>	<input type="checkbox"/> <b>16 - WRONG WAY</b>	<input type="checkbox"/> <b>99 - OTHER IMPROPER ACTION</b>	
	<input type="checkbox"/> <b>5 - UNSAFE SPEED</b>		<input type="checkbox"/> <b>11 - DROVE OFF ROAD</b>			
<b>VEHICLE</b>	<input type="checkbox"/> <b>6 - IMPROPER TURN</b>		<input type="checkbox"/> <b>12 - IMPROPER BACKING</b>			
<b>VEHICLE</b>	<b>SEQUENCE OF EVENTS</b>					
	<b>NON-COLLISION</b>					
<b>VEHICLE</b>	<input type="checkbox"/> <b>1 - OVERTURN/ROLLOVER</b>		<input type="checkbox"/> <b>6 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)</b>	<input type="checkbox"/> <b>11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL</b>	<input type="checkbox"/> <b>16 - RAILWAY VEHICLE (E.G. TRAIN, ENGINE)</b>	
	<input type="checkbox"/> <b>2 - FIRE/EXPLOSION</b>		<input type="checkbox"/> <b>7 - SEPARATION OF UNITS</b>	<input type="checkbox"/> <b>12 - DOWNHILL RUNAWAY</b>	<input type="checkbox"/> <b>17 - ANIMAL - FARM</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>3 - IMMERSION</b>		<input type="checkbox"/> <b>8 - RAN OFF ROAD RIGHT</b>	<input type="checkbox"/> <b>13 - OTHER NON-COLLISION</b>	<input type="checkbox"/> <b>18 - ANIMAL - DEER</b>	
	<input type="checkbox"/> <b>4 - JACKKNIFE</b>		<input type="checkbox"/> <b>9 - RAN OFF ROAD LEFT</b>	<input type="checkbox"/> <b>14 - PEDESTRIAN</b>	<input type="checkbox"/> <b>19 - ANIMAL - OTHER</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>5 - CARGO/EQUIPMENT LOSS OR SHIFT</b>		<input type="checkbox"/> <b>10 - CROSS MEDIAN</b>	<input type="checkbox"/> <b>15 - PEDALCYCLE</b>	<input type="checkbox"/> <b>20 - MOTOR VEHICLE IN TRANSPORT</b>	
				<input type="checkbox"/> <b>21 - PARKED MOTOR VEHICLE</b>	<input type="checkbox"/> <b>22 - WORK ZONE MAINTENANCE EQUIPMENT</b>	
<b>VEHICLE</b>	<b>COLLISION WITH FIXED OBJECT - STRUCK</b>					
	<input type="checkbox"/> <b>25 - IMPACT ATTENUATOR/ CRASH CUSHION</b>		<input type="checkbox"/> <b>31 - GUARDRAIL END</b>	<input type="checkbox"/> <b>37 - TRAFFIC SIGN POST</b>	<input type="checkbox"/> <b>43 - CURB</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>26 - BRIDGE OVERHEAD STRUCTURE</b>		<input type="checkbox"/> <b>32 - PORTABLE BARRIER</b>	<input type="checkbox"/> <b>38 - OVERHEAD SIGN POST</b>	<input type="checkbox"/> <b>44 - DITCH</b>	
	<input type="checkbox"/> <b>27 - BRIDGE PIER OR ABUTMENT</b>		<input type="checkbox"/> <b>33 - MEDIAN CABLE BARRIER</b>	<input type="checkbox"/> <b>39 - LIGHT/LUMINARIES SUPPORT</b>	<input type="checkbox"/> <b>45 - EMBANKMENT</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>28 - BRIDGE PARAPET</b>		<input type="checkbox"/> <b>34 - MEDIAN GUARDRAIL BARRIER</b>	<input type="checkbox"/> <b>40 - UTILITY POLE</b>	<input type="checkbox"/> <b>46 - FENCE</b>	
	<input type="checkbox"/> <b>29 - BRIDGE RAIL</b>		<input type="checkbox"/> <b>35 - MEDIAN CONCRETE BARRIER</b>	<input type="checkbox"/> <b>41 - OTHER POST, POLE OR SUPPORT</b>	<input type="checkbox"/> <b>47 - MAILBOX</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>30 - GUARDRAIL FACE</b>		<input type="checkbox"/> <b>36 - MEDIAN OTHER BARRIER</b>	<input type="checkbox"/> <b>42 - CULVERT</b>	<input type="checkbox"/> <b>48 - TREE</b>	
				<input type="checkbox"/> <b>49 - FIRE HYDRANT</b>	<input type="checkbox"/> <b>50 - WORK ZONE MAINTENANCE EQUIPMENT</b>	
<b>VEHICLE</b>	<input type="checkbox"/> <b>1 - FIRST HARMFUL EVENT</b>		<input type="checkbox"/> <b>1 - MOST HARMFUL EVENT</b>			
	<input type="checkbox"/> <b>1</b>		<input type="checkbox"/> <b>1</b>			

<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
<div style="display: flex; justify-content: space-around;"> <div> <b>2</b>  1 - NONE  2 - MINOR DAMAGE </div> <div> 3 - FUNCTIONAL DAMAGE  4 - DISABLING DAMAGE </div> </div>	
9 - UNKNOWN	
<b>DAMAGED AREAS</b> INDICATE ALL THAT APPLY	
<div style="border: 1px solid black; padding: 10px; width: 100px; margin: 0 auto;">12</div>	
	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
<b>INITIAL POINT OF CONTACT</b>	
<div style="display: flex; justify-content: space-around;"> <div> <b>12</b>  0 - NO DAMAGE  1-12 - REFER TO UNIT DIAGRAM  13 - TOP </div> <div> 14 - UNDERCARRIAGE  15 - VEHICLE NOT AT SCENE  99 - UNKNOWN </div> </div>	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
<div style="display: flex; justify-content: space-around;"> <div> <b>2</b>  1 - ONE-WAY  2 - TWO-WAY </div> <div> <b>6</b>  1 - ROUNDABOUT  2 - SIGNAL  3 - FLASHER </div> </div>	<div style="display: flex; justify-content: space-around;"> <div> <b>1</b>  4 - STOP SIGN  5 - YIELD SIGN  6 - NO CONTROL </div> </div>
<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
<div style="display: flex; justify-content: space-around;"> <div> <b>2</b> </div> <div> <b>1</b>  1 - NOT INVOLVED  2 - INVOLVED-ACTIVE CROSSING  3 - INVOLVED-PASSIVE CROSSING </div> </div>	
<b>UNIT / NON-MOTORIST DIRECTION</b>	
<div style="display: flex; justify-content: space-around;"> <div> FROM <b>3</b> </div> <div> TO <b>4</b> </div> </div>	
<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
<div style="display: flex; justify-content: space-around;"> <div> <b>35</b> </div> <div> <b>1</b>  1 - STATED/ESTIMATED SPEED  2 - CALCULATED/EDR  3 - UNDETERMINED </div> </div>	
<b>POSTED SPEED</b>	
<div style="display: flex; justify-content: space-around;"> <div> <b>35</b> </div> </div>	

UNIT #

PERSON TYPE

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

DOT-COMPLIANT MC HELMET

SEATING POSTION

AIR BAG USAGE

EJECTION

TRAPPED

OL STATE

OPERATOR LICENSE NUMBER

OFFENSE CHARGED

LOCAL CODE

OFFENSE DESCRIPTION

CITATION NUMBER

OL CLASS

ENDORSEMENTS SELECT UP TO 2

RESTRICTION: SELECT UP TO 3

DRIVER DISTRACTED BY

ALCOHOL / DRUG SUSPECTED

CONDITION

ALCOHOL TEST

DRUG TEST(S)

UNIT #

PERSON TYPE

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

DOT-COMPLIANT MC HELMET

SEATING POSTION

AIR BAG USAGE

EJECTION

TRAPPED

OL STATE

OPERATOR LICENSE NUMBER

OFFENSE CHARGED

LOCAL CODE

OFFENSE DESCRIPTION

CITATION NUMBER

OL CLASS

ENDORSEMENTS SELECT UP TO 2

RESTRICTION: SELECT UP TO 3

DRIVER DISTRACTED BY

ALCOHOL / DRUG SUSPECTED

CONDITION

ALCOHOL TEST

DRUG TEST(S)

INJURIES

SEATING POSITION

AIR BAG

OL CLASS

OL RESTRICTON(S)

DRIVER DISTRACTION

TEST STATUS

INJURED TAKE BY

SAFETY EQUIPMENT

SEATING POSITION

TRAPPED

ALCOHOL TEST TYPE

DRUG TEST TYPE

CONDITION

DRUG TEST RESULT(S)



# OCCUPANT/WITNESS ADDENDUM

Document #: 20236114271

Local Report #: 202300970

OCCUPANT	UNIT # 1	PERSON TYPE 0	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE 13	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME) <input type="checkbox"/>	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/>	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
	INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
	1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER AND LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN/BICYCLE ONLY 99 - OTHER/UNKNOWN		1 - FRONT SEAT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT SEAT - MIDDLE 3 - FRONT SEAT - RIGHT SIDE 4 - SECOND SEAT - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND SEAT - MIDDLE 6 - SECOND SEAT - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON TRAILING UNIT SUCH AS A 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			
INJURED TAKEN BY						EJECTION				
1 - NOT TRANSPORTED/TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER/UNKNOWN						1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE				
GENDER						TRAPPED				
F - FEMALE M - MALE U - OTHER / UNKNOWN						1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS				

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