

Indianola Avenue – Task 4 Safety Evaluation

Overview

The most recent available three (3) years of crash data was obtained and analyzed for the corridor. Data from 2017 to 2019 was utilized. Although 2020 data was available at the time of the study, 2020 was not used due to changes in crash patterns due to the COVID pandemic. The average number of crashes per year for 2017 to 2019 was 74 whereas 2020 only had 37 crashes. A full safety study was not conducted; however, this document summarizes the crash type, location, and recommended countermeasures.

Crash Data Summary

Crash Data from 2017 to 2019 was pulled from the Ohio Department of Transportation’s (ODOT) Transportation Information Mapping System (TIMS) for the segment of Indianola Avenue from Oakland Park to E Hudson Avenue and E Hudson Avenue from Indianola Avenue to Summit Avenue. See **Appendix A** for the Crash Analysis Module Tool (CAM Tool) crash data analysis. Crash data by type and severity is included below in **Table 1**.

Table 1. Crash Data by Type and Severity

Crash Type	PDO/ No Injury	Injury Possible	Minor Injury Suspected	Serious Injury Suspected	Grand Total	Percent
Rear End	47	5	4	0	56	25%
Angle	36	4	7	0	47	21%
Sideswipe – Passing	39	0	4	0	43	19%
Left Turn	22	1	6	0	29	13%
Parked Vehicle	12	0	1	0	13	6%
Right Turn	7	0	3	0	10	5%
Fixed Object	6	1	2	0	9	4%
Backing	7	1	0	0	8	4%
Pedalcycles	0	0	3	0	3	1%
Head On	2	1	0	0	3	1%
Pedestrian	0	0	1	0	1	1%
Grand Total	178	13	31	0	222	100%

Crash Analysis

A total of 222 crashes occurred in the three-year period between 2017 and 2019. Of these 222 crashes, 44 (20%) of them resulted in injury. No fatalities or serious injury were reported in the study area during the analysis period. The highest frequency crash type, rear crashes, occurs at only a slightly higher frequency than the second most frequent crash type, angle crashes and third most frequent crash type, sideswipe – passing crashes. Together the top three crash types account for 65% of the total crashes in the study area with the fourth most frequent crash type, left turn accounting for an additional 13%. Collision Diagrams were generated and show the crash pattern and approximate location of each crash within the study area, see **Appendix B**.

Rear End Crashes

The most frequent crash type, rear end, occurred fifty-six times during the three-year study period. Forty-seven (47) of those crashes occurred at signalized intersections with the following distribution:

- Eighteen (18) at the intersection of Indianola Ave. and E North Broadway St.
- Twelve (12) at Indianola Ave. and E Hudson St.
- Eight (8) at E Hudson St. and Summit St.
- Five (5) at Indianola Ave. and Oakland Park Ave.
- Three (3) at Indianola Ave. and Arcadia Ave
- One (1) at Indianola Ave. and E Weber Rd.

Four (4) of the rear end crashes occurred at the minor-street stop-controlled intersections with the following distribution:

- Two (2) at the intersection of Indianola Ave. and E Duncan St.
- One (1) at Indianola Ave. and Melrose Ave.
- One (1) at Indianola Ave. and E Como Ave.

The remaining five (5) rear end crashes were along Indianola Ave. when a vehicle was turning to a side street or driveway access.

Angle Crashes

The second most frequent crash, angle, occurred forty-seven (47) times during the three-year study period. Thirty-two (32) of those crashes occurred at signalized intersections with the following distribution:

- Twelve (12) at the intersection of Indianola Ave. and E Hudson St.
- Eight (8) at the intersection of Indianola Ave. and E North Broadway St.
- Five (5) at Indianola Ave. and Oakland Park Ave.
- Four (4) at E Hudson St. and Summit St.
- Three (3) at Indianola Ave. and Arcadia Ave
- Three (3) at Indianola Ave. and E Weber Rd.

Four (4) of the angle crashes occurred at the minor-street stop-controlled intersections with the following distribution:

- Two (2) at the intersection of Indianola Ave. and Crestview Rd.
- One (1) at Indianola Ave. and Olentangy St.
- One (1) at Indianola Ave. and E Kelso Rd.

The remaining eleven (11) angle crashes were along Indianola Ave. when a vehicle was turning to a side street or driveway access.

Sideswipe-Passing Crashes

The third most frequent crash, sideswipe-passing, occurred forty-three (43) times during the three-year study period. Twenty-eight (28) of those crashes occurred within or in the approaches to signalized intersections with the following distribution:

- Twelve (12) at the intersection of E Hudson St. and Summit St.
- Seven (7) at the intersection of Indianola Ave. and E North Broadway St.

- Four (4) at the intersection of Indianola Ave. and E Hudson St.
- Three (3) at Indianola Ave. and Oakland Park Ave.,
- One (1) at Indianola Ave. and Arcadia Ave
- One (1) at Indianola Ave. and E Weber Rd.

The remaining fifteen (15) sideswipe crashes were along Indianola Ave with no apparent crash trend.

Additional Crash Trends

The fourth most frequent crash type, left-turn, occurred twenty-nine (29) times during the three-year study period. Twenty-two (22) of the left-turn crashes occurred at signalized intersections with twelve (12) crashes occurring at the E Hudson St. and Summit St. intersection and five (5) at minor-street stop-controlled intersections with three (3) of those at the intersection of Indianola Ave. and E Duncan St. There were thirteen (13) parked vehicles crashes during the three-year study period but six (6) of those crashes occurred on side streets. An additional two (2) crashes classified as backing crashes occurred on Indianola Ave. in the vicinity of Milford Ave. and two (2) right turn crashes in the vicinity of the Indianola Ave. and E Hudson St. involved parked vehicles.

Pedestrian and Pedalcycle Crashes

There was one pedestrian crash and three pedalcycle crashes that occurred during the study period. The OH-1 Crash Reports have been attached in **Appendix C**, and a brief description is included below.

Crash Report 20176104970

- The pedestrian was a pedestrian on a non-motorized scooter crossing Summit St. within the cross walk and was struck by a vehicle turning left from westbound E Hudson St. to southbound Summit St.

Crash Report 20176158909

- The pedalcyclist was riding northbound in the bike lane on Indianola Ave. just south of the intersection with Oakland Avenue. The pedalcyclist was struck by a vehicle turning left from southbound Indianola Ave. to a private drive.

Crash Report 20176166200

- The pedalcyclist was riding northbound in the bike lane on Indianola Ave. just north of the intersection with Oakland Avenue. The pedalcyclist was struck by a vehicle turning right from northbound Indianola Ave. to a private drive.

Crash Report 20193118544

- The pedalcyclist was riding southbound in the bike lane on Indianola Ave. just north of the intersection with Oakland Avenue. The pedalcyclist was struck by a vehicle turning left from northbound Indianola Ave. to westbound Oakland Park Avenue while the pedalcyclist was progressing straight through the intersection.

Recommendations

The following countermeasures are recommended to address the contributing factors associated with the prevalent crash types throughout the corridor.

Remove Parking within Intersection Approaches

- It is recommended that On-Street parking be removed within 50 ft on either side of intersections to reduce visual distractions. Parked vehicle crashes have been noted on the north side of the Indianola Ave. and E. Hudson St. intersection where vehicles turning right have struck parked vehicles. Removing parking within 50 ft of all intersections will improve visibility at the intersection as well as remove the potential conflict between parked vehicles and moving vehicles within the intersection area and approaches.

Install Backplates

- It is recommended that backplates be added to the existing traffic signals. Backplates improve the visibility of the illuminated face of the signal by providing a contrasting background. According to the Crash Modification Factor Clearinghouse website, introduction of 3" yellow retroreflective backplates will reduce all crash types by 15% at signalized intersections.

Revise Signal Timings at N. Broadway St. and E. Hudson St.

- In conjunction with installing backplates, revisions to the signal timing may reduce the number of rear end crashes and angle crashes related to red light running at these intersections.

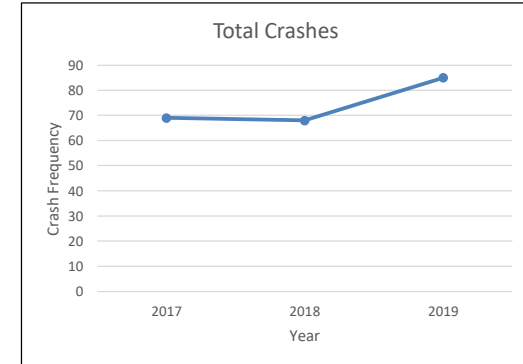
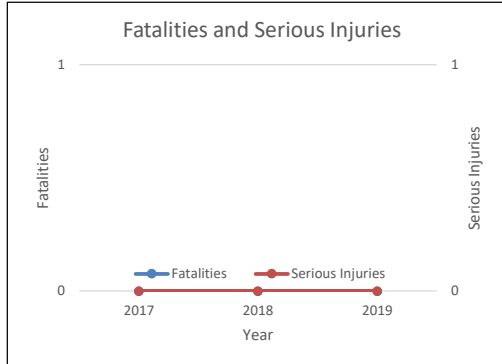
Road Diet from 4 Lanes to 3 Lanes and Removal of Second Through Lane in 5 Lane Section

- A road diet is recommended for the section that is currently 4 total lanes and removal of the second through lane in each direction is recommended for the 5 total lanes section. Creating a dedicated two-way left turn lane within the road diet pulls turning vehicles out of the through lane, removing the necessity of lane changing to avoid stopped, turning vehicles and reducing the through lanes to one lane in each direction removes the opportunity for sideswipe conflicts to occur from changing lanes.

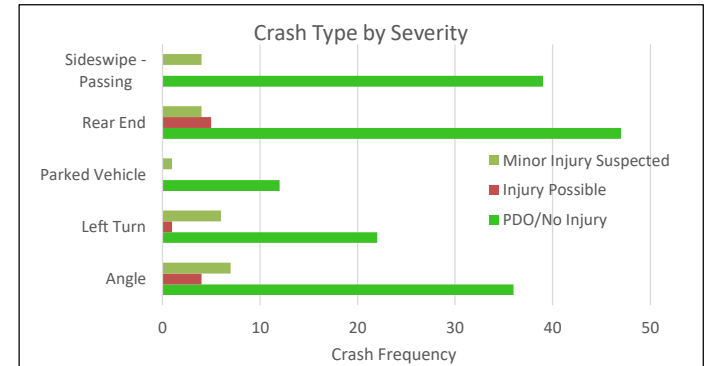
Appendix A

Indianola Ave Crashes Crash Summary Sheet

Year	Total Crashes	Fatalities	Serious Injuries
2017	69	0	0
2018	68	0	0
2019	85	0	0
Grand Total	222	0	0



Total Crashes Crash Type	Injury Level			Grand Total
	PDO/No Injury	Injury Possible	Minor Injury Suspected	
Rear End	47	5	4	56
Angle	36	4	7	47
Sideswipe - Passing	39	0	4	43
Left Turn	22	1	6	29
Parked Vehicle	12	0	1	13
Right Turn	7	0	3	10
Fixed Object	6	1	2	9
Backing	7	1	0	8
Pedalcycles	0	0	3	3
Head On	2	1	0	3
Pedestrian	0	0	1	1
Grand Total	178	13	31	222



Indianola Ave Crashes Crash Summary Sheet

Road Condition	Total Crashes	Fatalities	Serious Injuries
Dry	169	0	0
Ice	2	0	0
Snow	2	0	0
Wet	43	0	0
Other / Unknown	6	0	0
Grand Total	222	0	0

Weather	Total Crashes	Fatalities	Serious Injuries
Blowing Sand, Soil, Dirt, Snow	1	0	0
Clear	140	0	0
Cloudy	49	0	0
Rain	19	0	0
Snow	7	0	0
Unknown	6	0	0
Grand Total	222	0	0

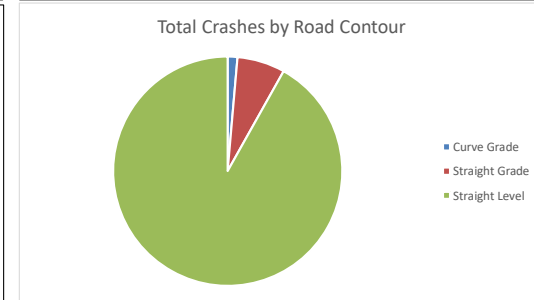
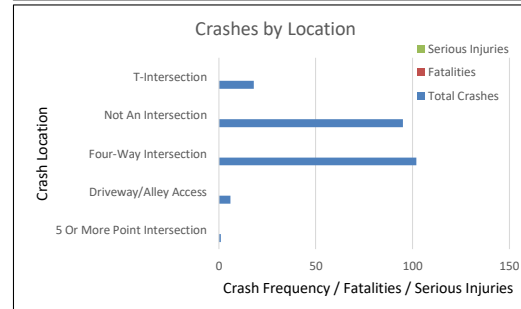
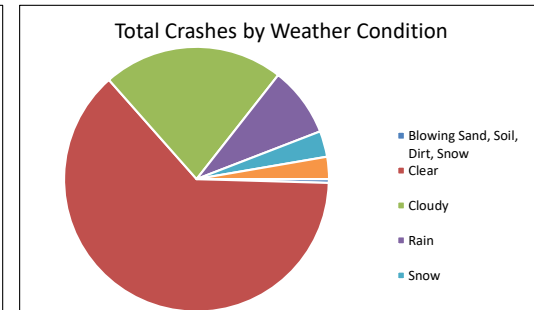
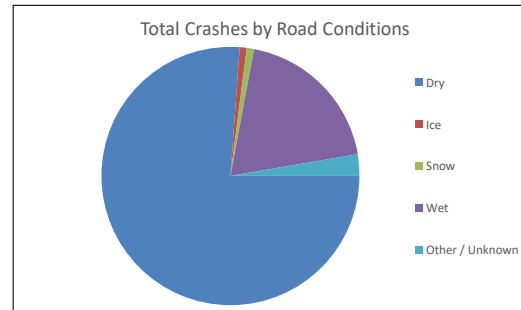
Crash Location	Total Crashes	Fatalities	Serious Injuries
5 Or More Point Intersection	1	0	0
Driveway/Alley Access	6	0	0
Four-Way Intersection	102	0	0
Not An Intersection	95	0	0
T-Intersection	18	0	0
Grand Total	222	0	0

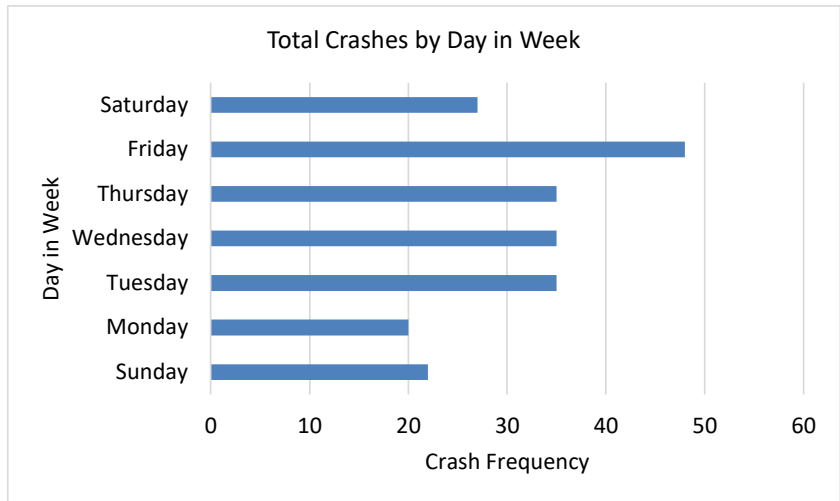
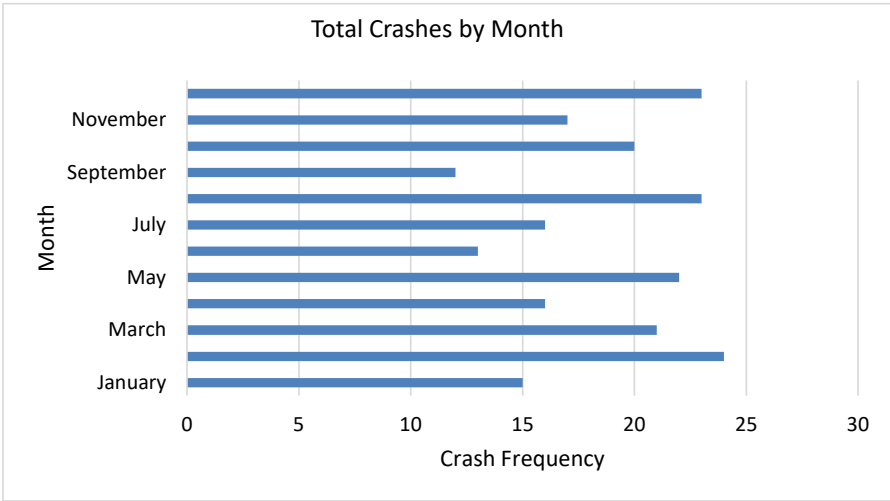
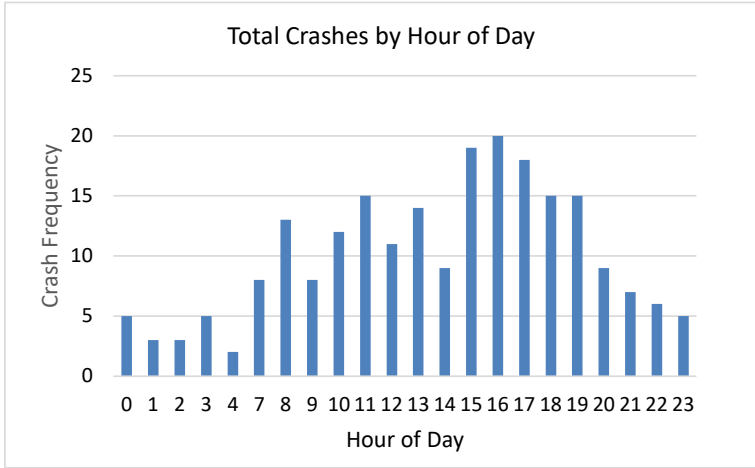
Roadway Contour	Total Crashes	Fatalities	Serious Injuries
Curve Grade	3	0	0
Straight Grade	15	0	0
Straight Level	204	0	0
Grand Total	222	0	0

Hour of Day	Total Crashes
0	5
1	3
2	3
3	5
4	2
7	8
8	13
9	8
10	12
11	15
12	11
13	14
14	9
15	19
16	20
17	18
18	15
19	15
20	9
21	7
22	6
23	5
Grand Total	222

Month	Total Crashes
January	15
February	24
March	21
April	16
May	22
June	13
July	16
August	23
September	12
October	20
November	17
December	23
Grand Total	222

Day in Week	Total Crashes
Sunday	22
Monday	20
Tuesday	35
Wednesday	35
Thursday	35
Friday	48
Saturday	27
Grand Total	222





Appendix B

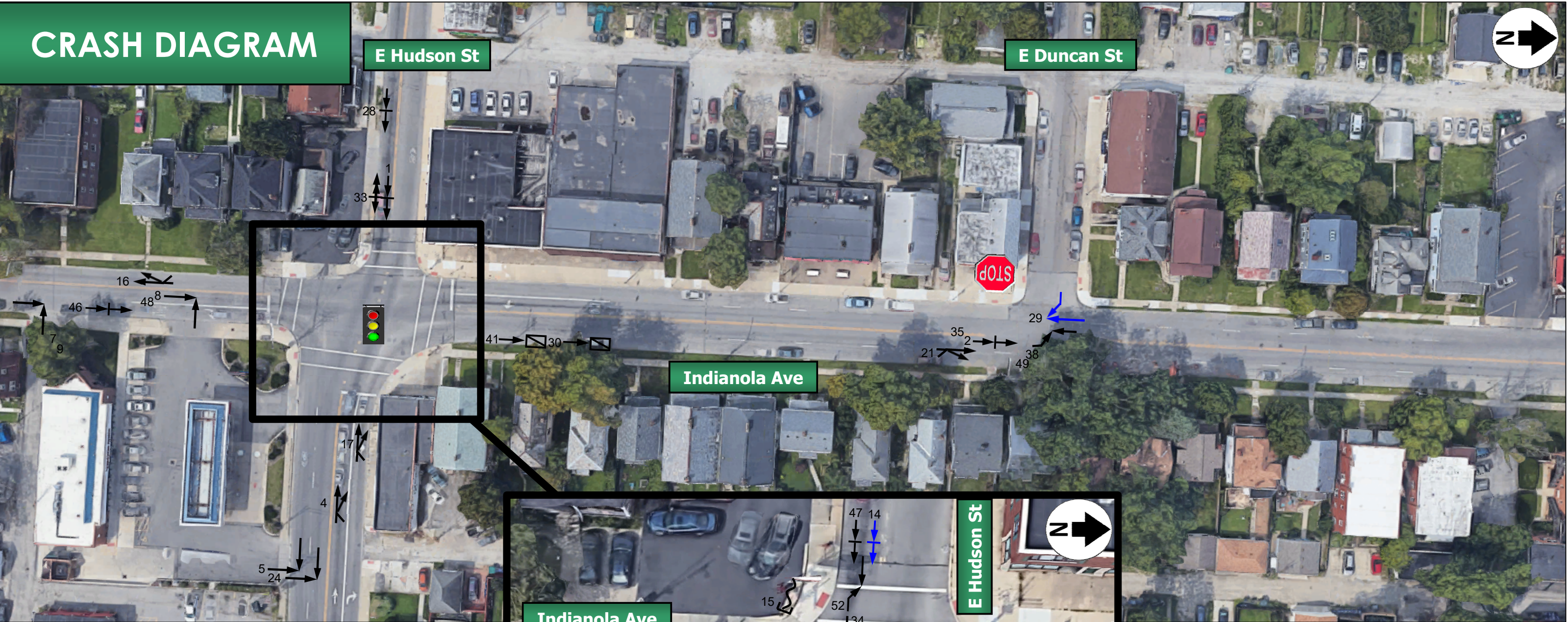
CRASH DIAGRAM



E Hudson St

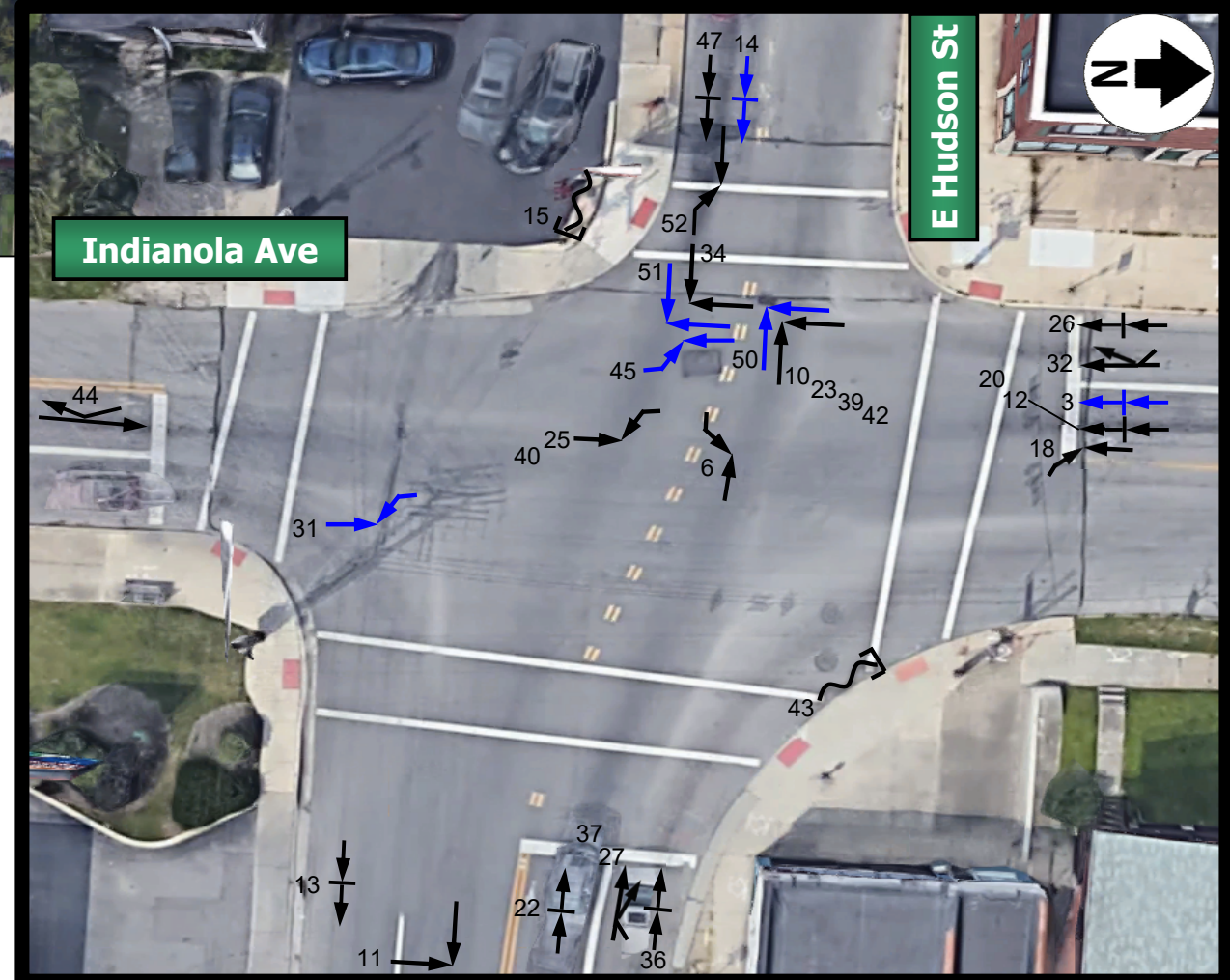
E Duncan St

Indianola Ave



Legend:

Symbols		Types of Collisions	
	Other		Rear End
	Backing Vehicle		Head On
	Pedestrian		Side-Swipe Passing
	Parked Vehicle		Side-Swipe Meeting
	Fixed Object		Out-of-Control
	Fatal Crash		Angle
	Injury Crash		Angle
	Signal		Left Turn
	Street Name		Right Turn
	Stop Sign		Right Turn
	Animal		



Note: Crash ID 19 was removed as it was outside the study area.

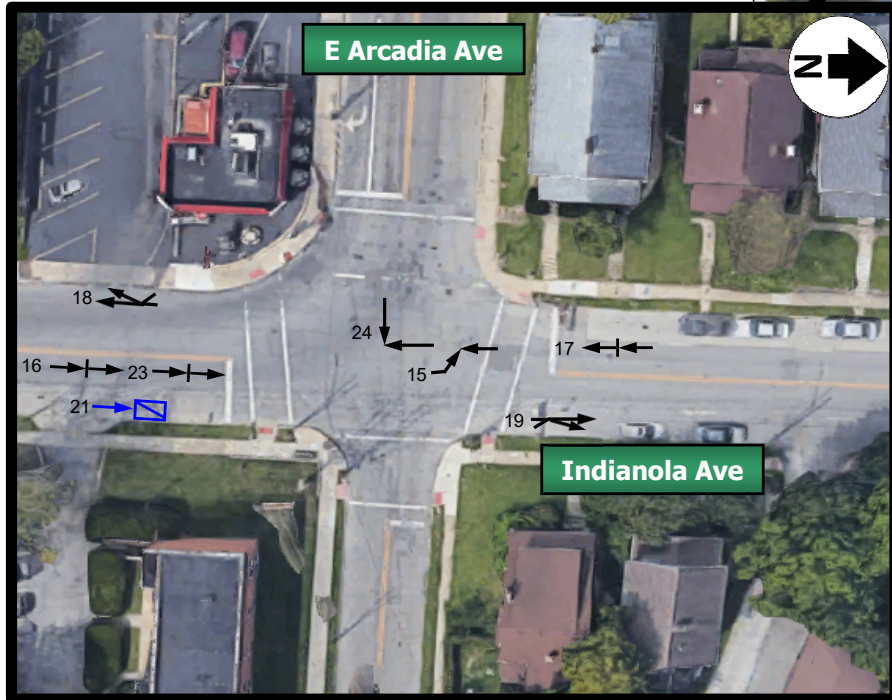
CRASH DIAGRAM

Legend:

Symbols	Types of Collisions
Other	Rear End
Backing Vehicle	Head On
Pedestrian	Side-Swipe Passing
Parked Vehicle	Side-Swipe Meeting
Fixed Object	Out-of-Control
Fatal Crash	Angle
Injury Crash	Angle
Signal	Left Turn
Street	Right Turn
Stop Sign	Right Turn
Animal	



MATCH LINE



Note: Crash ID 22 was removed as it occurred on private property. Crash ID 7 was removed as it was outside the study area.

MATCH LINE



CRASH DIAGRAM

Legend:	
Symbols	Types of Collisions
	Rear End
	Head On
	Side-Swipe Passing
	Side-Swipe Meeting
	Out-of-Control
	Angle
	Angle
	Left Turn
	Right Turn
	Right Turn

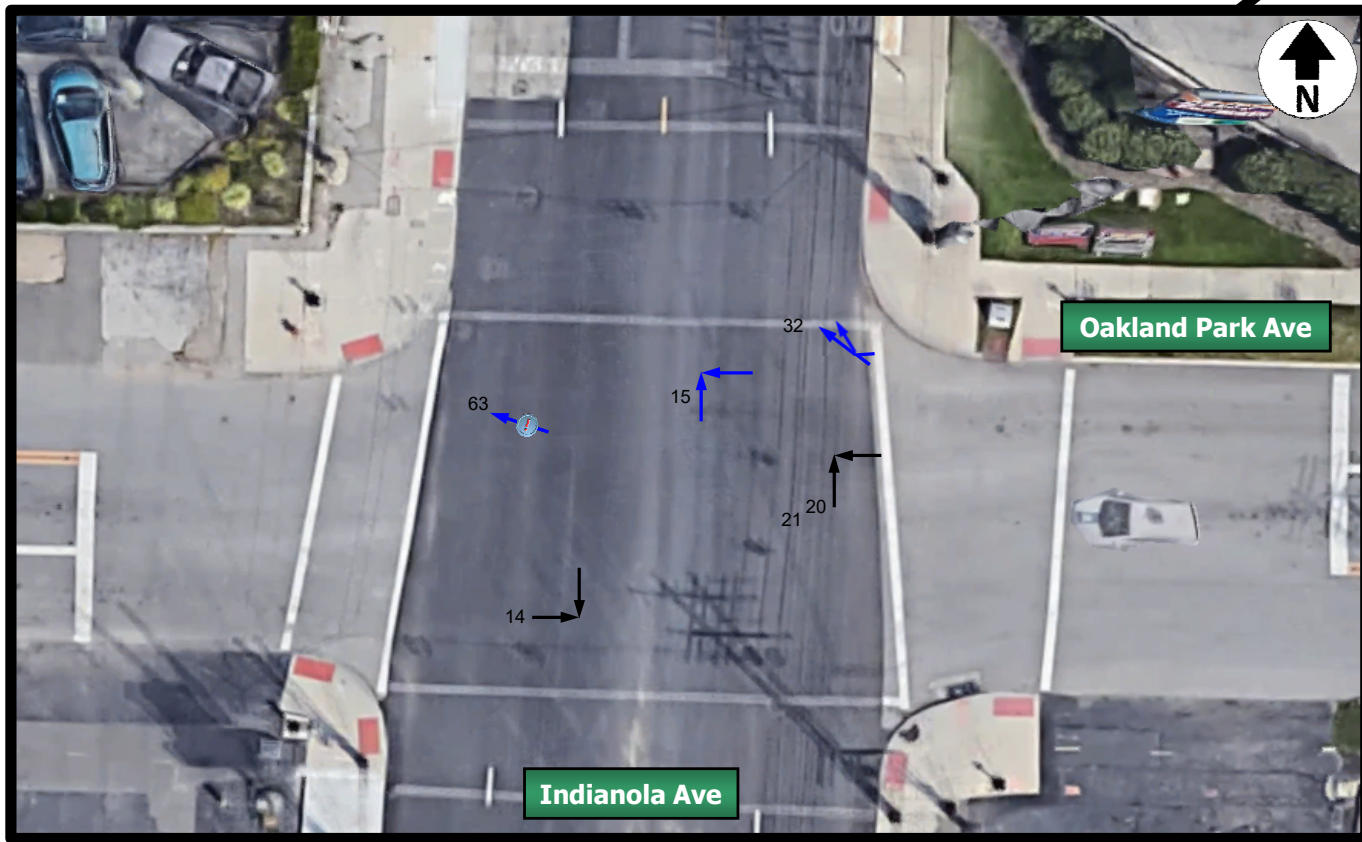
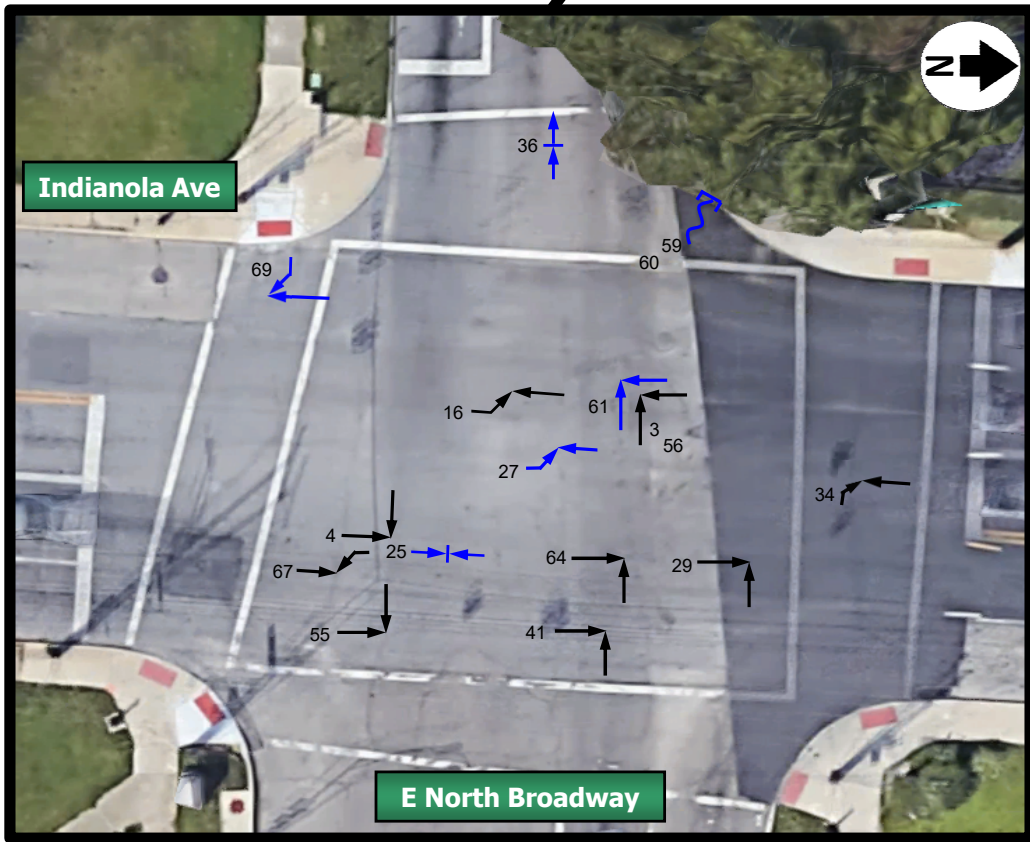
Note: Crash ID 18 was removed as it was outside the study area.



MATCH LINE



MATCH LINE

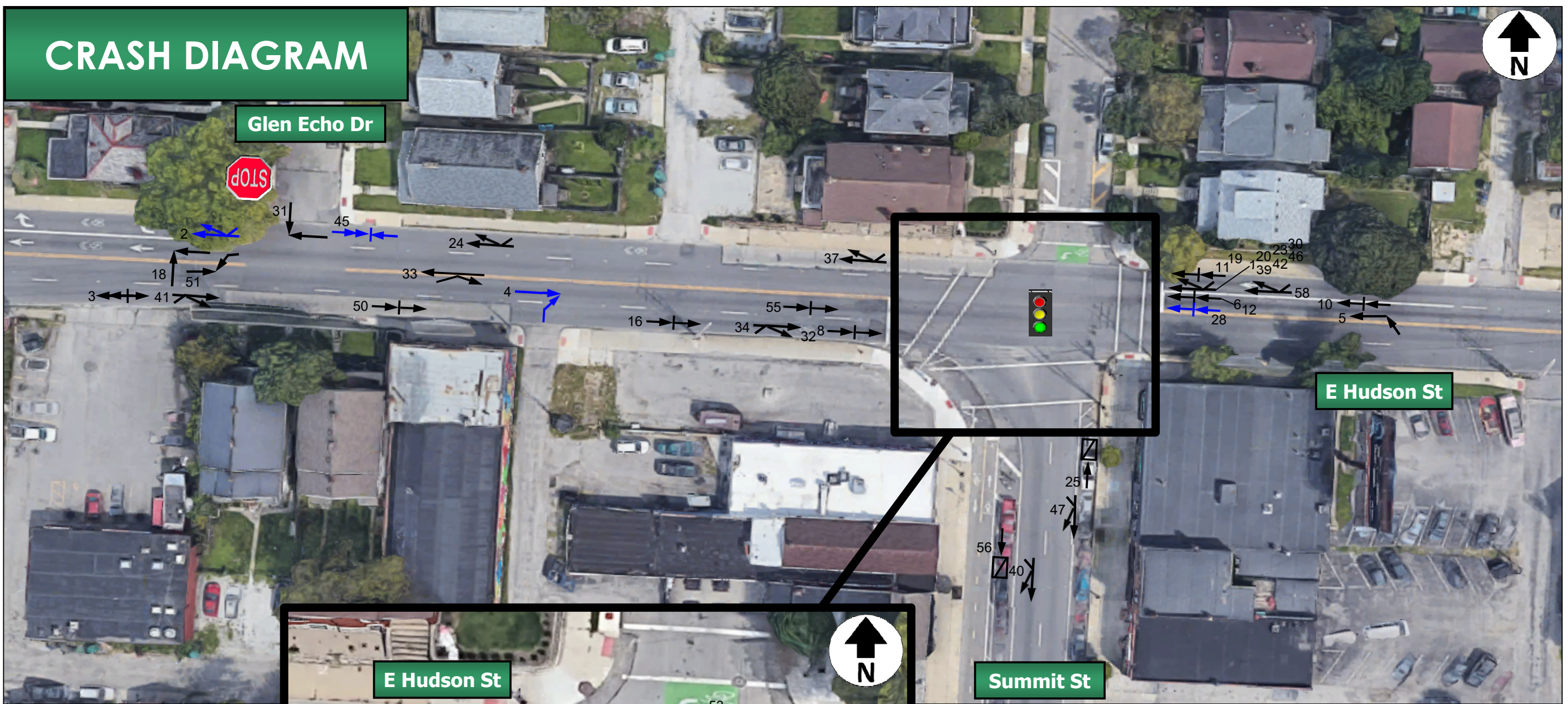


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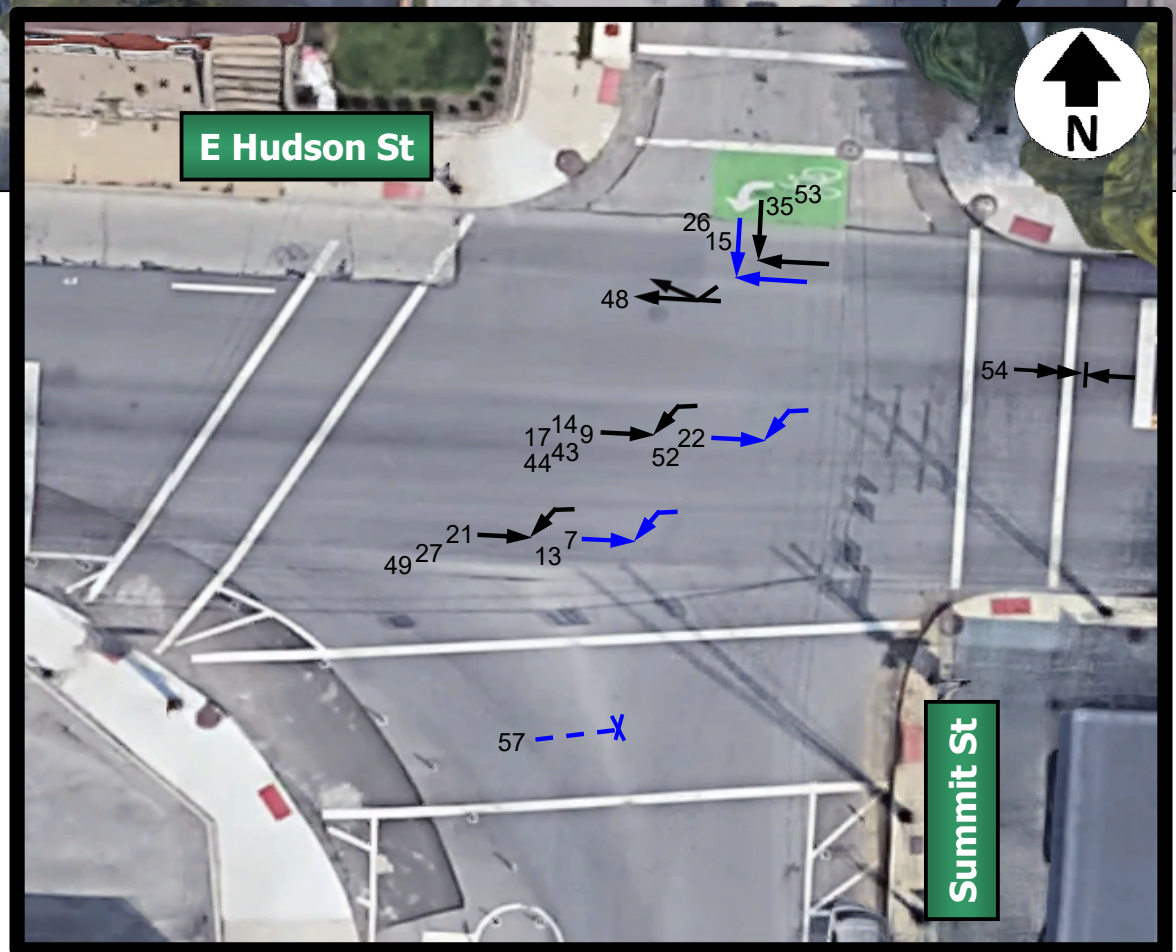
Symbols	Types of Collisions
Other	Rear End
Backing Vehicle	Head On
Pedestrian	Side-Swipe Passing
Parked Vehicle	Side-Swipe Meeting
Fixed Object	Out-of-Control
Fatal Crash	Angle
Injury Crash	Angle
Signal	Angle
Street Street Name	Left Turn
Stop Sign	Right Turn
Animal	Right Turn

Note: Crash ID 13 was removed as it was outside the study area.

CRASH DIAGRAM



Note: Crash IDs 29, 36, and 38 were removed as they were outside the study area.



Legend:	
Symbols	Types of Collisions
Other	Rear End
Backing Vehicle	Head On
Pedestrian	Side-Swipe Passing
Parked Vehicle	Side-Swipe Meeting
Fixed Object	Out-of-Control
Fatal Crash	Angle
Injury Crash	Angle
Signal	Left Turn
Street Name	Right Turn
Stop Sign	Right Turn
Animal	Right Turn

Appendix C



TRAFFIC CRASH REPORT

Document #: 20176104970

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* COLUMBUS POLICE		NCIC* COP0		HIT/SKIP 0 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR 99 98 - ANIMAL 99 - UNKNOWN	
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COUNTY* 25	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* COLUMBUS	ODPS FIPS 18000	CRASH DATE / TIME* 7/16/2017 7:20:00 PM	CRASH SEVERITY 3-MINOR INJURY SUSPECTED
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ROUTE TYPE	ROUTE NUMBER	PREFIX	N - NORTH S - SOUTH E - EAST W - WEST	LOCATION ROAD NAME SUMMIT	ROAD TYPE ST	ODPS LATITUDE 40.015047	ODPS LONGITUDE -83.000051
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ROUTE TYPE	ROUTE NUMBER	PREFIX	N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE#) HUDSON	ROAD TYPE ST	ODOT LATITUDE 40.015109	ODOT LONGITUDE -83.000085
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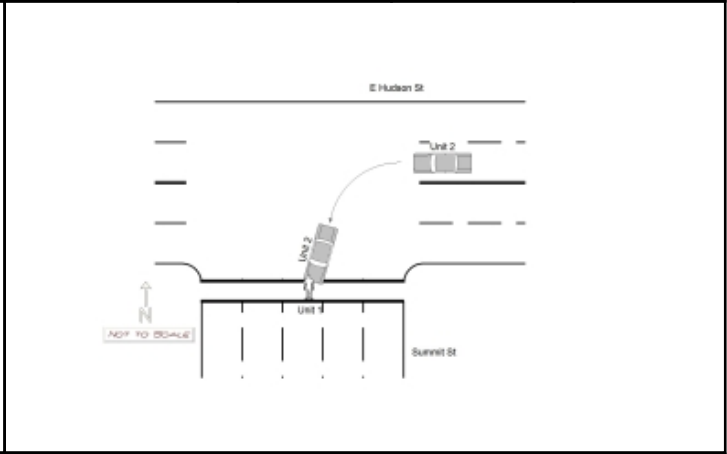
REFERENCE POINT 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	DIRECTION FROM REFERENCE S N - NORTH S - SOUTH E - EAST W - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST 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=40.015109,-83.000085
INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH 3 <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> 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 1 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 <input type="checkbox"/> N - NORTH <input type="checkbox"/> S - SOUTH <input type="checkbox"/> E - EAST <input type="checkbox"/> W - WEST	MEDIAN TYPE <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (LESS THAN 4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (4 FEET AND GREATER) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) <input type="checkbox"/> 9 - OTHER/UNKNOWN
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<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 0 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 0 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 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
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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 - OTHER/UNKNOWN
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NARRATIVE
 ON 7/16/17 AT THE INTERSECTION OF E HUDSON ST AND SUMMIT ST AROUND 7:20PM UNIT #1 WAS IN THE CROSSWALK E/B WHILE UNIT #2 WAS W/B E HUDSON ST AND MADE A LEFT TURN ONTO SUMMIT ST. UNIT #1 WAS A PEDESTRIAN ON A NON-MOTORIZED SCOOTER AND HE STATED HIS FRIEND WAS ON A BICYCLE AHEAD OF HIM. HE SAID THE SIGNAL HAD THE WHITE "WALK" MAN ON THE CROSSWALK AND HE WAS CROSSING WHEN UNIT #2 TURNED FROM HUDSON ST AND STRUCK HIM. DRIVER OF UNIT #2 STATED HE WAS AT THE INTERSECTION AND SAW THE JUVENILE ON THE BICYCLE CROSS THE STREET AND HE BEGAN TO MAKE HIS LEFT TURN WITH THE GREEN TRAFFIC SIGNAL WHEN UNIT #1 CAME INTO THE INTERSECTION QUICKLY, IT APPEARED HE WAS TRYING TO CATCH UP TO THE OTHER KID. HE STATED AS SOON AS HE SAW UNIT #1 IN FRONT OF HIM HE SLAMMED ON HIS BRAKES AND CAME TO A STOP. HE EXITED HIS VEHICLE TO CHECK ON UNIT #1 WHO WAS ON THE GROUND AND CRYING. DRIVER OF UNIT #2 STATED HE DETERMINED THERE WAS NO DAMAGE TO HIS VEHICLE OR THE SCOOTER AND UNIT #1 STATED HE WAS OKAY. THE WITNESS CAME OVER AND GOT THE INFORMATION OF THE DRIVER OF UNIT #2 BUT NO ONE



CRASH REPORTED DATE / TIME 7/17/2017 12:00:00 AM	DISPATCH DATE / TIME 7/17/2017 1:24:00 PM	ARRIVAL DATE / TIME 7/17/2017 1:27:00 PM	SCENE CLEARED DATE / TIME 7/17/2017 2:11:00 PM	REPORT TAKEN BY <input checked="" 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	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 77	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*

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UNIT #	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER	
	COMMERCIAL CARRIER: STREET, CITY, STATE, ZIP () SAME AS DRIVER	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
TYPE OF USE		US DOT #
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		VEHICLE WEIGHT GVWR/GCWR
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS
HAZARDOUS MATERIAL		CLASS # PLACARD ID #
<input type="checkbox"/> 1 - PASSENGER CAR <input type="checkbox"/> 7 - MOTORCYCLE 2 WHEELED <input type="checkbox"/> 12 - GOLF CART <input type="checkbox"/> 18 - LIMO (LIVERY VEHICLE) <input type="checkbox"/> 23 - PEDESTRIAN/SKATER <input type="checkbox"/> 2 - PASSENGER VAN (MINIVAN) <input type="checkbox"/> 8 - MOTORCYCLE 3 WHEELED <input type="checkbox"/> 13 - SNOWMOBILE <input type="checkbox"/> 19 - BUS (16+ PASSENGERS) <input type="checkbox"/> 24 - WHEELCHAIR (ANY TYPE) <input type="checkbox"/> 3 - SPORT UTILITY VEHICLE <input type="checkbox"/> 9 - AUTOCYCLE <input type="checkbox"/> 14 - SINGLE UNIT TRUCK <input type="checkbox"/> 20 - OTHER VEHICLE <input type="checkbox"/> 25 - OTHER NON-MOTORIST <input type="checkbox"/> 4 - PICK UP <input type="checkbox"/> 10 - MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> 15 - SEMI-TRACTOR <input type="checkbox"/> 21 - HEAVY EQUIPMENT <input type="checkbox"/> 26 - BICYCLE <input type="checkbox"/> 5 - CARGO VAN <input type="checkbox"/> 11 - ALL TERRAIN VEHICLE(ATV/UTV) <input type="checkbox"/> 16 - FARM EQUIPMENT <input type="checkbox"/> 22 - ANIMAL WITH RIDER OR ANIMAL DRAWN VEHICLE <input type="checkbox"/> 27 - TRAIN <input type="checkbox"/> 6 - VAN (9-15 SEATS) <input type="checkbox"/> 17 - MOTORHOME <input type="checkbox"/> 19 - TOWING <input type="checkbox"/> 99 - UNKNOWN OR HIT/SKIP		
23	UNIT TYPE	
0	# OF TRAILING UNITS	
<input type="checkbox"/>	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	AUTONOMOUS MODE LEVEL
<input type="checkbox"/>	1-YES 2-NO 9-OTHER/UNKNOWN	<input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 99 - OTHER/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
1	SPECIAL FUNCTION	
<input type="checkbox"/>	CARGO BODY TYPE	
<input type="checkbox"/>	VEHICLE DEFECTS	
1	NON-MOTORIST LOCATION AT IMPACT	
4	ACTION	
99	CONTRIBUTING CIRCUMSTANCE	
SEQUENCE OF EVENTS		
20	NON-COLLISION	
<input type="checkbox"/>	COLLISION WITH FIXED OBJECT - STRUCK	
1	FIRST HARMFUL EVENT	1 MOST HARMFUL EVENT

DAMAGE	
DAMAGE SCALE	
9	1 - NONE 2 - MINOR 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - OTHER/UNKNOWN
DAMAGED AREAS INDICATE ALL THAT APPLY	
<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]	
INITIAL POINT OF CONTACT	
0	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1	2
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<input type="checkbox"/>	1
UNIT / NON-MOTORIST DIRECTION	
FROM 4	TO 3
UNIT SPEED	DETECTED SPEED
1	1
POSTED SPEED	1
25	1

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER			OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER															
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER																		
	COMMERCIAL CARRIER: STREET, CITY, STATE, ZIP () SAME AS DRIVER			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE															
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE														
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL														
TYPE OF USE		US DOT #		TOWED BY: COMPANY NAME															
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		VEHICLE WEIGHT GVWR/GCWR		HAZARDOUS MATERIAL															
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																
		1	1 - <10k LBS. 2 - 10,001 - 26k LBS. 3 - > 26k LBS.																
VEHICLE	1 UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 8 - MOTORCYCLE WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE(ATV/UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP																		
	0 # OF TRAILING UNITS <input type="checkbox"/> WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1-YES 2-NO 9-OTHER/UNKNOWN <input type="checkbox"/> AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 99 - OTHER/UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 2 - PARTIAL AUTOMATION																		
VEHICLE	1 SPECIAL FUNCTION 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 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER/UNKNOWN																		
	1 CARGO BODY TYPE 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 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN																		
VEHICLE	VEHICLE DEFECTS 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 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER/UNKNOWN																		
	NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN																		
VEHICLE	3 ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING AND STRUCK 9 - OTHER/UNKNOWN 6 - STRAIGHT AHEAD 7 - BACKING 8 - CHANGING LANES 9 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN																		
	99 CONTRIBUTING CIRCUMSTANCE 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 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - VIOLATING LICENSE RESTRICTION 99 - OTHER IMPROPER ACTION																		
EVENTS	SEQUENCE OF EVENTS <table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #f2f2f2;">NON-COLLISION</th> </tr> <tr> <td style="width:33%;"> 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT </td> <td style="width:33%;"> 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 </td> <td style="width:33%;"> 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 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 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 </td> </tr> <tr> <th colspan="2" style="background-color: #f2f2f2;">COLLISION WITH FIXED OBJECT - STRUCK</th> </tr> <tr> <td> 25 - IMPACT ATTENUATOR/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE </td> <td> 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM OTHER BARRIER </td> <td> 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT </td> </tr> <tr> <td> 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN </td> <td colspan="2"></td> <td></td> </tr> </table>					NON-COLLISION		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	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 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 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	COLLISION WITH FIXED OBJECT - STRUCK		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 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN			
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT																			

DAMAGE	
DAMAGE SCALE	
1 1 - NONE 2 - MINOR	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - OTHER/UNKNOWN
DAMAGED AREAS INDICATE ALL THAT APPLY	
12	
<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]	
INITIAL POINT OF CONTACT	
12 0 - NON-COLLISION 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
<input type="checkbox"/>	1
UNIT / NON-MOTORIST DIRECTION	
FROM 3	TO 2
UNIT SPEED	DETECTED SPEED
4	1
POSTED SPEED	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
25	



MOTORIST / NON-MOTORIST

Document #: 20176104970

Local Report #: 170611941

UNIT # 1	PERSON TYPE P	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE 12	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 15	AIR BAG USAGE 0	EJECTION 0	TRAPPED 0	
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 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1		ALCOHOL TEST		DRUG TEST(S)	
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	
						1	1		1	1		

UNIT # 2	PERSON TYPE D	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE 21	GENDER M			
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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
OL CLASS 4	ENDORSEMENTS SELECT UP TO 2	RESTRICTION: SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1		ALCOHOL TEST		DRUG TEST(S)	
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	
						1	1		1	1		

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	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 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	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS '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 AND 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	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TESTING, 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 TAKE 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 AND 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 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		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	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 5 - OTHER
						DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

CONFIDENTIALITY NOTICE: This report is intended for authorized users only and may contain confidential and/or privileged material. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not an authorized user, please contact the ODOT Help Desk immediately.



TRAFFIC CRASH REPORT

Document #: 20176158909

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION 31 REPORTING AGENCY NAME* COLUMBUS POLICE	NCIC* COP0	HIT/SKIP 2 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 2	UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN
--	--	---	-----------------------------	--	-----------------------------	--

COUNTY* 25	LOCALITY* 1 <small>1 - CITY 2 - VILLAGE 3 - TOWNSHIP</small>	LOCATION: CITY, VILLAGE, TOWNSHIP* COLUMBUS	ODPS FIPS 18000	CRASH DATE / TIME* 10/18/2017 3:15:00 AM	CRASH SEVERITY 3-MINOR INJURY SUSPECTED
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ROUTE TYPE <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>	ROUTE NUMBER 1	PREFIX N - NORTH S - SOUTH E - EAST W - WEST	LOCATION ROAD NAME INDIANOLA	ROAD TYPE AV	ODPS LATITUDE 40.033170	ODPS LONGITUDE -83.000370
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ROUTE TYPE <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>	ROUTE NUMBER 1	PREFIX N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE#) OAKLAND PARK	ROAD TYPE AV	ODOT LATITUDE 40.032669	ODOT LONGITUDE -83.000969
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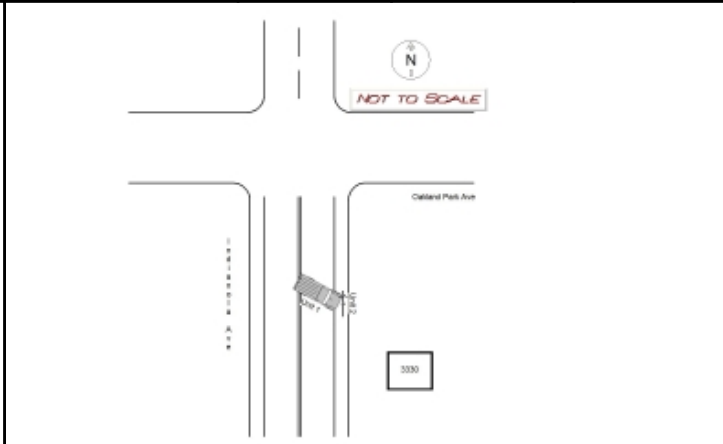
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER 1	DIRECTION FROM REFERENCE S N - NORTH S - SOUTH E - EAST W - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST 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=40.032669,-83.000969
DISTANCE FROM REFERENCE 30.000		DISTANCE UNIT OF MEASURE 3 1 - MILES 2 - FEET 3 - YARDS		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES
ROADWAY <input type="checkbox"/> 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 1 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 <input type="checkbox"/> N - NORTH <input type="checkbox"/> S - SOUTH <input type="checkbox"/> E - EAST <input type="checkbox"/> W - WEST	MEDIAN TYPE <input type="checkbox"/> 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 0 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 0 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS 2 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 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN	WEATHER 4 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 - OTHER/UNKNOWN
---	--

NARRATIVE
 THE BICYCLIST OF UNIT #2 STATED HE WAS RIDING NORTH IN THE BIKE LANE ON INDIANOLA AVE. AT OAKLAND PARK AVE. WHEN UNIT #1 WHO WAS TRAVELING SOUTH ON INDIANOLA AVE. MADE A LEFT HAND TURN INTO A PRIVATE DRIVE AT 3330 INDIANOLA AVENUE AND STRUCK HIM ON THE LEFT SIDE OF HIS BIKE. UNIT #2 HAD FUNCTIONAL DAMAGE. THE BICYCLIST STATED UNIT #1 WAS A SMALL RED PICK UP TRUCK WITH A MALE WHITE DRIVER IN HIS LATE 20'S OR EARLY 30'S WITH SHORT CROPPED HAIR. UNIT #1 LEFT THE SCENE GOING EAST ON NORTH BROADWAY FROM INDIANOLA AVE. BEFORE GIVING ANY OF HIS INFORMATION. THE BICYCLIST HAD MINOR BUMPS, CUTS, AND SCRAPES OVER HIS HEAD AND BODY. HE REFUSED MEDICAL TREATMENT. THE BICYCLIST WAS WEARING HIS HELMET AND HAD THE REQUIRED LIGHTS ON HIS BICYCLE. THE BUSINESS IN THE AREA OF 3330 INDIANOLA AVE. WERE CLOSED, BUT MAY HAVE VIDEO OF THE INCIDENT.



CRASH REPORTED DATE / TIME 10/28/2017 12:00:00 AM	DISPATCH DATE / TIME 10/28/2017 3:21:00 AM	ARRIVAL DATE / TIME 10/28/2017 3:25:00 AM	SCENE CLEARED DATE / TIME 10/28/2017 3:45:00 AM	REPORT TAKEN BY <input checked="" 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 45	OTHER INVESTIGATION TIME 69	OFFICER'S NAME* OFFICER'S BADGE NUMBER* 	CHECKED BY OFFICER'S NAME* CHECKED BY OFFICER'S BADGE NUMBER* 	

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UNIT #	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER	
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER		
	COMMERCIAL CARRIER: STREET, CITY, STATE, ZIP () SAME AS DRIVER		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR VEHICLE MAKE
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR VEHICLE MODEL
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
4	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)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME
0	# OF TRAILING UNITS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL DRAWN VEHICLE
<input type="checkbox"/>	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1-YES 2-NO 9-OTHER/UNKNOWN	AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
1	SPECIAL FUNCTION	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
1	CARGO BODY TYPE	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	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
<input type="checkbox"/>	VEHICLE DEFECTS	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 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER/UNKNOWN
<input type="checkbox"/>	NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
3	ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING AND STRUCK 9 - OTHER/UNKNOWN	6 - STRAIGHT AHEAD 7 - BACKING 8 - CHANGING LANES 9 - OVERTAKING/PASSING 10 - MAKING RIGHT TURN 11 - MAKING LEFT TURN
2	CONTRIBUTING CIRCUMSTANCE	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	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - VIOLATING LICENSE RESTRICTION 99 - OTHER IMPROPER ACTION
SEQUENCE OF EVENTS			
NON-COLLISION			
15	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	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 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 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
COLLISION WITH FIXED OBJECT - STRUCK			
1	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 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT

DAMAGE	
DAMAGE SCALE	
2 1 - NONE 2 - MINOR	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - OTHER/UNKNOWN
DAMAGED AREAS INDICATE ALL THAT APPLY	
10, 12	
<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]	
INITIAL POINT OF CONTACT	
11	0 - NON-COLLISION 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
2	6
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<input type="checkbox"/>	1
UNIT / NON-MOTORIST DIRECTION	
FROM 1	TO 3
UNIT SPEED	DETECTED SPEED
10	1
POSTED SPEED	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
35	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER			OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER		
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER					
	COMMERCIAL CARRIER: STREET, CITY, STATE, ZIP () SAME AS DRIVER			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL	
TYPE OF USE		US DOT #		TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		VEHICLE WEIGHT GVWR/GCWR		HAZARDOUS MATERIAL		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 1	<input type="checkbox"/> 1 - ≤10k LBS. <input type="checkbox"/> 2 - 10,001 - 26k LBS. <input type="checkbox"/> 3 - > 26k LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #		
26	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)		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	
0	# OF TRAILING UNITS		<input type="checkbox"/> WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1-YES 2-NO 9-OTHER/UNKNOWN		<input type="checkbox"/> AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 99 - OTHER/UNKNOWN	
1	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		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER/UNKNOWN	
1	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 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	
<input type="checkbox"/>	VEHICLE DEFECTS 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 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER/UNKNOWN	
6	NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION		6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK		9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN	
4	ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING AND STRUCK 9 - OTHER/UNKNOWN		15 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN		7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN	
99	CONTRIBUTING CIRCUMSTANCE 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		13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - VIOLATING LICENSE RESTRICTION 99 - OTHER IMPROPER ACTION	
SEQUENCE OF EVENTS						
NON-COLLISION						
20	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		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 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 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	
COLLISION WITH FIXED OBJECT - STRUCK						
<input type="checkbox"/>	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 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM OTHER BARRIER		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN	
1	FIRST HARMFUL EVENT		1		MOST HARMFUL EVENT	

DAMAGE	
DAMAGE SCALE	
<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - MINOR	<input type="checkbox"/> 3 - FUNCTIONAL DAMAGE <input type="checkbox"/> 4 - DISABLING DAMAGE
<input type="checkbox"/> 9 - OTHER/UNKNOWN	
DAMAGED AREAS INDICATE ALL THAT APPLY	
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></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]	
INITIAL POINT OF CONTACT	
<input type="checkbox"/> 0 - NON-COLLISION 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
<input type="checkbox"/> 1 - ONE-WAY <input type="checkbox"/> 2 - TWO-WAY	<input type="checkbox"/> 1 - ROUNDABOUT <input type="checkbox"/> 2 - SIGNAL <input type="checkbox"/> 3 - FLASHER <input type="checkbox"/> 4 - STOP SIGN <input type="checkbox"/> 5 - YIELD SIGN <input type="checkbox"/> 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 <input type="checkbox"/> 2	TO <input type="checkbox"/> 1
UNIT SPEED	DETECTED SPEED
<input type="checkbox"/> 15	<input type="checkbox"/> 1 - STATED/ESTIMATED SPEED <input type="checkbox"/> 2 - CALCULATED/EDR <input type="checkbox"/> 3 - UNDETERMINED
POSTED SPEED	
<input type="checkbox"/> 35	



MOTORIST / NON-MOTORIST

Document #: 20176158909

Local Report #: 170938114

UNIT #	PERSON TYPE	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER						
1	D					M						
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 POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
5	1			99	<input type="checkbox"/>	1	9	1	1			
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)			
			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		0	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
							0	1		1	1	
2	D		DATE OF BIRTH		AGE	GENDER						
					31	M						
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 POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
3	2			8	<input type="checkbox"/>	1	5	4	1			
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)			
			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
							1	1		1	1	
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTON(S)	DRIVER DISTRACTION	TEST STATUS						
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY	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 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	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS '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 AND 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	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TESTING, 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 TAKE BY	EJECTION	OL ENDORSEMENT	ALCOHOL TEST TYPE									
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	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE AND TRIPLE TRAILERS X - TANKER / HAZMAT	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER									
SAFETY EQUIPMENT	TRAPPED	GENDER	DRUG TEST TYPE									
1 - NONE USED 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 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER/UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 5 - OTHER									
			DRUG TEST RESULT(S)									
			1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS									

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TRAFFIC CRASH REPORT

Document #: 20176166200

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION ZONE 4 / 30 REPORTING AGENCY NAME* COLUMBUS POLICE		NCIC* COP0		HIT/SKIP 0 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR 99 98 - ANIMAL 99 - UNKNOWN	
--	--	---	--	----------------------	--	---	--	-----------------------------	--	--	--

COUNTY* 25	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* COLUMBUS	ODPS FIPS 18000	CRASH DATE / TIME* 11/6/2017 6:15:00 PM	CRASH SEVERITY 3-MINOR INJURY SUSPECTED
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ROUTE TYPE	ROUTE NUMBER	PREFIX	N - NORTH S - SOUTH E - EAST W - WEST	LOCATION ROAD NAME INDIANOLA	ROAD TYPE AV	ODPS LATITUDE 40.031310	ODPS LONGITUDE -83.001050
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ROUTE TYPE	ROUTE NUMBER	PREFIX	N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE#) BROADWAY	ROAD TYPE RD	ODOT LATITUDE 40.031317	ODOT LONGITUDE -83.001069
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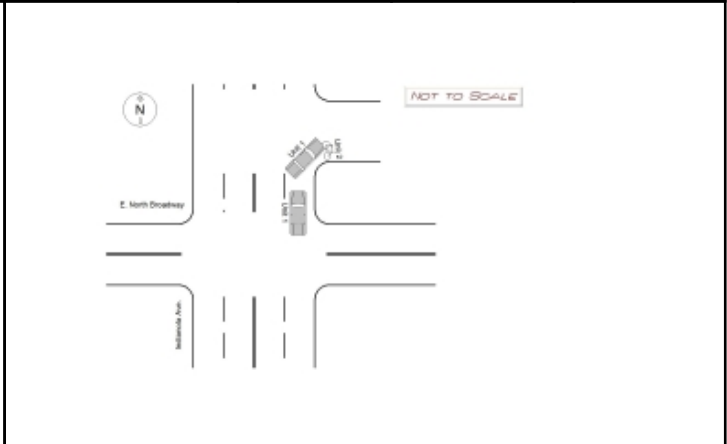
REFERENCE POINT 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	DIRECTION FROM REFERENCE N N - NORTH S - SOUTH E - EAST W - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - 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=40.031317,-83.001069
<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES <input type="checkbox"/> 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 1 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 <input type="checkbox"/> N - NORTH <input type="checkbox"/> S - SOUTH <input type="checkbox"/> E - EAST <input type="checkbox"/> W - WEST	MEDIAN TYPE <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (LESS THAN 4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (4 FEET AND GREATER) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) <input type="checkbox"/> 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 0 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 0 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 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
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LIGHT CONDITION 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN	WEATHER 2 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 - OTHER/UNKNOWN
--	---

NARRATIVE
 UNIT #2 WAS TRAVELING NORTH ON INDIANOLA AVE. JUST NORTH OF E. NORTH BROADWAY MAKING A TURN EAST INTO A PRIVATE DRIVE WHEN UNIT #1 CROSSED IN FRONT OF UNIT #2 CAUSING UNIT #2 TO STRIKE UNIT #1. BOTH UNITS SUSTAINED DAMAGE. THE OPERATOR OF UNIT #1 WAS TRANSPORTED TO RIVERSIDE HOSPITAL BY CFD MEDIC 13 AND TREATED FOR INJURIES TO HIS BACK AND WAS SEEN BY AN ER DOCTOR. THE DRIVER OF UNIT #2 STATED THAT UNIT #1, A BICYCLE, WAS TRAVELING SOUTH ON THE SIDEWALK AND JUST DID NOT SEE HIM UNTIL IT WAS TOO LATE. THE OPERATOR OF UNIT #1 STATED THAT HE WAS NORTHBOUND IN THE BICYCLE LANE AND HAD TO GO UP ONTO THE SIDEWALK WHEN HE SAW HER TURNING BUT WAS UNABLE TO MOVE IN TIME AND WAS STRUCK IN THE PROCESS. NO VIDEO WAS AVAILABLE OF THE INCIDENT AND NO WITNESSES CAME FORWARD. DUE TO CONFLICTING STORIES AND NO WITNESSES, NO CITATIONS WERE ISSUED AT THIS TIME.



CRASH REPORTED DATE / TIME 11/6/2017 12:00:00 AM	DISPATCH DATE / TIME 11/6/2017 6:16:00 PM	ARRIVAL DATE / TIME 11/6/2017 6:20:00 PM	SCENE CLEARED DATE / TIME 11/6/2017 7:25:00 PM	REPORT TAKEN BY <input checked="" 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	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 69	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*

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UNIT #	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER	
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER		
	COMMERCIAL CARRIER: STREET, CITY, STATE, ZIP () SAME AS DRIVER		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR VEHICLE MAKE
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR VEHICLE MODEL
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
26	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)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME
0	# OF TRAILING UNITS	1 - <10k LBS. 2 - 10,001 - 26k LBS. 3 - > 26k LBS.	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL DRAWN VEHICLE
<input type="checkbox"/>	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	<input type="checkbox"/> AUTONOMOUS MODE LEVEL	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
<input type="checkbox"/>	1-YES 2-NO 9-OTHER/UNKNOWN	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
1	SPECIAL FUNCTION	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER/UNKNOWN
1	CARGO BODY TYPE	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	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
<input type="checkbox"/>	VEHICLE DEFECTS	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 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER/UNKNOWN
6	NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
4	ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING AND STRUCK 9 - OTHER/UNKNOWN	10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN
1	CONTRIBUTING CIRCUMSTANCE	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - VIOLATING LICENSE RESTRICTION 99 - OTHER IMPROPER ACTION
SEQUENCE OF EVENTS			
NON-COLLISION			
20	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	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 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 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
COLLISION WITH FIXED OBJECT - STRUCK			
1	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 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT

DAMAGE	
DAMAGE SCALE	
9 1 - NONE 2 - MINOR	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
9 - OTHER/UNKNOWN	
DAMAGED AREAS INDICATE ALL THAT APPLY	
<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]	
INITIAL POINT OF CONTACT	
0 0 - NON-COLLISION 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	6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<input type="checkbox"/>	1 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	DETECTED SPEED
5	1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED	
35	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER		OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER		
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER				
	COMMERCIAL CARRIER: STREET, CITY, STATE, ZIP () SAME AS DRIVER		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	<input type="checkbox"/> MATERIAL RELEASED	<input type="checkbox"/> PLACARD	
<input type="checkbox"/> 1	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)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL DRAWN VEHICLE	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
<input type="checkbox"/> 0	# OF TRAILING UNITS				
<input type="checkbox"/>	<input type="checkbox"/> WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1-YES 2-NO 9-OTHER/UNKNOWN		<input type="checkbox"/> AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 99 - OTHER/UNKNOWN		
<input type="checkbox"/> 1	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	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/UNKNOWN
<input type="checkbox"/> 1	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	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
<input type="checkbox"/>	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	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER/UNKNOWN
<input type="checkbox"/>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
<input type="checkbox"/> 3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING ACTION AND STRUCK 9 - OTHER/UNKNOWN	<input type="checkbox"/> 5 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN
<input type="checkbox"/> 1	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	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - VIOLATING LICENSE RESTRICTION 99 - OTHER IMPROPER ACTION
SEQUENCE OF EVENTS					
NON-COLLISION					
<input type="checkbox"/> 15	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	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	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	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
COLLISION WITH FIXED OBJECT - STRUCK					
<input type="checkbox"/> 1	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 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN
<input type="checkbox"/> 1	FIRST HARMFUL EVENT		<input type="checkbox"/> 1 MOST HARMFUL EVENT		

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



MOTORIST / NON-MOTORIST

Document #: 20176166200

Local Report #: 170966233

UNIT # 1	PERSON TYPE D	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE 21	GENDER M																																																										
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE																																																													
INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY (NAME) UNKNOWN		INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1																																																								
OL STATE OH	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER																																																									
OL CLASS 4	ENDORSEMENTS SELECT UP TO 2	RESTRICTION: SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1		ALCOHOL TEST		DRUG TEST(S)																																																								
						STATUS		TYPE		RESULT SELECT UP TO 4																																																									
						1		1		1																																																									
UNIT # 2	PERSON TYPE D	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE 65	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																								
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OCCUPANT

Document #: 20176166200

Local Report #: 170966233

OCCUPANT	UNIT #	PERSON TYPE	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
	2	0					7	F		
	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 POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5	2			7	<input type="checkbox"/>	6	5	1	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 2 - SHOULDER BELT ONLY 3 - LAP BELT ONLY 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			
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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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TRAFFIC CRASH REPORT

Document #: 20193118544

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION 31 REPORTING AGENCY NAME* COLUMBUS POLICE	NCIC* COP0	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 2	UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN
--	--	---	-----------------------------	---	------------------------------------	--

COUNTY* 25	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* Columbus	ODPS FIPS 18000	CRASH DATE / TIME* 6/25/2019 5:12:00 PM	CRASH SEVERITY 3-MINOR INJURY SUSPECTED
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ROUTE TYPE 1	ROUTE NUMBER 25	PREFIX 1	N - NORTH S - SOUTH E - EAST W - WEST	LOCATION ROAD NAME Indianola	ROAD TYPE AV	ODPS LATITUDE 40.032980	ODPS LONGITUDE -83.000968
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ROUTE TYPE 1	ROUTE NUMBER 25	PREFIX 1	N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE#) Oakland Park	ROAD TYPE AV	ODOT LATITUDE 40.032819	ODOT LONGITUDE -83.000958
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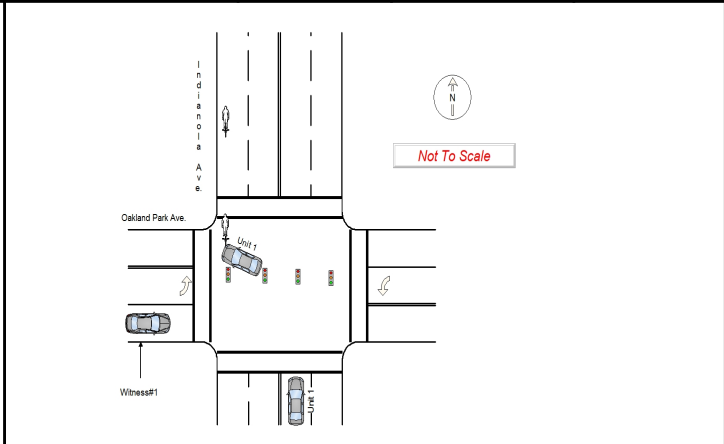
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER 1	DIRECTION FROM REFERENCE <input type="checkbox"/> N - NORTH <input type="checkbox"/> S - SOUTH <input type="checkbox"/> E - EAST <input type="checkbox"/> W - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE 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 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=40.032819,-83.000958
INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH 4 <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> 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 1 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 <input type="checkbox"/> N - NORTH <input type="checkbox"/> S - SOUTH <input type="checkbox"/> E - EAST <input type="checkbox"/> W - WEST	MEDIAN TYPE <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 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, STONE 4 - SLAG, GRAVEL 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 - OTHER/UNKNOWN
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NARRATIVE
 UNIT#1 WAS NORTH BOUND INDIANOLA AVE. TURNING WEST BOUND ONTO OAKLAND PARK AVE. PEDESTRIAN WAS RIDING A BICYCLE IN THE MARKED BICYCLE LANE SOUTH BOUND INDIANOLA AVE. AT OAKLAND PARK AVE. DRIVER#1 STATES THAT HE DID NOT SEE THE PEDESTRIAN ON THE BICYCLE DUE TO ANOTHER VEHICLE CROSSING THE INTERSECTION AND COLLIDED WITH HER CAUSING HER TO GO OVER HIS HOOD AND ONTO THE PAVEMENT. CLINTON TOWNSHIP MEDIC 61 RESPONDED AND TREATED THE PEDESTRIAN AT SCENE, PEDESTRIAN REFUSED TRANSPORT TO THE HOSPITAL. WITNESS#1 STATED THE PEDESTRIAN WAS RIDING SOUTH BOUND INDIANOLA AVE. CROSSING OAKLAND PARK AVE. WHEN UNIT#1 DRIVING NORTH BOUND INDIANOLA AVE. TURNED TO WEST BOUND OAKLAND PARK AVE. AND KNOCKED THE PEDESTRIAN OFF HER BICYCLE. DRIVER#1 WAS CITED FOR FAILURE TO YIELD ON A LEFT TURN.



CRASH REPORTED DATE / TIME 6/25/2019 5:12:00 PM	DISPATCH DATE / TIME 6/25/2019 5:13:00 PM	ARRIVAL DATE / TIME 6/25/2019 5:20:00 PM	SCENE CLEARED DATE / TIME 6/25/2019 7:04:00 PM	REPORT TAKEN BY <input checked="" 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 111	OTHER INVESTIGATION TIME	TOTAL MINUTES 111	OFFICER'S NAME* WILSON, BRIAN OFFICER'S BADGE NUMBER* 1881	CHECKED BY OFFICER'S NAME* BECKER, MATTHEW CHECKED BY OFFICER'S BADGE NUMBER* 5282

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UNIT #	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER			
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER				
	COMMERCIAL CARRIER: STREET, CITY, STATE, ZIP () SAME AS DRIVER		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	<input type="checkbox"/> MATERIAL RELEASED	<input type="checkbox"/> PLACARD	
<input type="checkbox"/> 1	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)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL DRAWN VEHICLE	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
<input type="checkbox"/> # OF TRAILING UNITS	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
<input type="checkbox"/> 2	1 - YES 2 - NO 9 - OTHER/UNKNOWN	<input type="checkbox"/> 0	AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 99 - OTHER/UNKNOWN		
<input type="checkbox"/> 1	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	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/UNKNOWN
<input type="checkbox"/> 1	CARGO BODY TYPE 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	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
<input type="checkbox"/> VEHICLE DEFECTS	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	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER/UNKNOWN
<input type="checkbox"/> NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
<input type="checkbox"/> 5	ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING AND STRUCK 9 - OTHER/UNKNOWN	<input type="checkbox"/> 6 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN
<input type="checkbox"/> 2	CONTRIBUTING CIRCUMSTANCE 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	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - VIOLATING LICENSE RESTRICTION 99 - OTHER IMPROPER ACTION
SEQUENCE OF EVENTS					
NON-COLLISION					
<input type="checkbox"/> 15	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	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	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	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
COLLISION WITH FIXED OBJECT - STRUCK					
<input type="checkbox"/> 25	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 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN
<input type="checkbox"/> 1	FIRST HARMFUL EVENT		<input type="checkbox"/> 1 MOST HARMFUL EVENT		

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

UNIT #	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: STREET, CITY, STATE, ZIP () SAME AS DRIVER	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
TYPE OF USE		US DOT #
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		VEHICLE WEIGHT GVWR/GCWR
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS
		<input type="checkbox"/> 1 - ≤10K LBS. <input type="checkbox"/> 2 - 10,001 - 26K LBS. <input type="checkbox"/> 3 - > 26K LBS.
		HAZARDOUS MATERIAL
		<input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <input type="checkbox"/> PLACARD
26	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	<input type="checkbox"/> WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS MODE LEVEL	
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 9 - CARGO TANK 10 - FLAT BED 13 - AUTO TRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 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	
6	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	
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 19 - STANDING 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 ACTION 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	
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 24 - VIOLATING LICENSE RESTRICTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 99 - OTHER IMPROPER ACTION	
SEQUENCE OF EVENTS		
NON-COLLISION		
1	20	1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 22 - WORK ZONE MAINTENANCE EQUIPMENT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CAR, OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT COLLISION WITH FIXED OBJECT - STRUCK 6 - 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 - MEDIUM CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER/UNKNOWN
COLLISION WITH FIXED OBJECT - STRUCK		
1	1	FIRST HARMFUL EVENT MOST HARMFUL EVENT

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



MOTORIST / NON-MOTORIST

Document #: 20193118544

Local Report #: 190519384

UNIT #	PERSON TYPE	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER			
1	D							44	M			
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	
5	1					4	<input type="checkbox"/>	1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
OH				2131.17A			RIGHT-OF-WAY WHEN TURNING LEFT			1753241		
OL CLASS	ENDORSEMENTS SELECT UP TO 2	RESTRICTION: SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1		STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
									1 1 1 1 1 1			

UNIT #	PERSON TYPE	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER			
2	D							24	F			
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	
3	2					1	<input type="checkbox"/>	99				
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)	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1		STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
									1 1 1 1 1 1			

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	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 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	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS '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 AND 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	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TESTING, 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 TAKE BY		EJECTION	OL ENDORSEMENT			ALCOHOL TEST TYPE
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	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE AND TRIPLE TRAILERS X - TANKER / HAZMAT			1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT		TRAPPED	GENDER		CONDITION	DRUG TEST TYPE
1 - NONE USED 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 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER/UNKNOWN		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	1 - NONE 2 - BLOOD 3 - URINE 5 - OTHER
						DRUG TEST RESULT(S)
						1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

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