



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

000210028811

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH -2	<input type="checkbox"/> OH -3	LOCAL INFORMATION
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME * Clermont County Sheriff
<input checked="" type="checkbox"/> PRIVATE PROPERTY			NCIC * 01300

COUNTY* 13	LOCALITY* 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Monroe (Township of)	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
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ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Cortland	ROAD TYPE DR	CRASH DATE / TIME* 08/17/2021 19:47	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
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ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Lot 49	ROAD TYPE	LATITUDE DECIMAL DEGREES 39.006849	LONGITUDE DECIMAL DEGREES -84.166659
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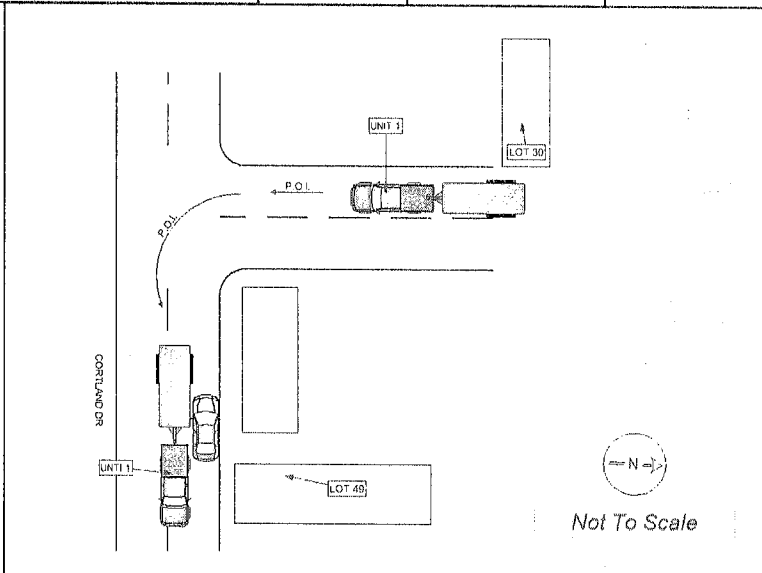
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
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DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	LOCATION OF FIRST HARMFUL EVENT 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	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN
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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 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2
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LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN
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NARRATIVE  
Unit 1 sideswiped Unit 2. Unit 2 was parked on the roadway.



CRASH REPORTED DATE / TIME 08/17/2021 19:47	DISPATCH DATE / TIME 08/17/2021 19:47	ARRIVAL DATE / TIME 08/17/2021 19:48	SCENE CLEARED DATE / TIME 08/17/2021 20:23	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 36	OFFICER'S NAME* T. GOINS	CHECKED BY OFFICER'S NAME* Rudd, Jeffrey
			OFFICER'S BADGE NUMBER* 11151	CHECKED BY OFFICER'S BADGE NUMBER* R3052

Not To Scale

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)

LOCAL REPORT NUMBER 000210028811	
<b>DAMAGE</b>	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN [ 1 ]	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input checked="" 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 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN [ 99 ]	
<b>TRAFFIC</b>	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY [ 2 ]	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL [ 6 ]
# OF THROUGH LANES ON ROAD [ 2 ]	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING [ 1 ]
UNIT / NON-MOTORIST DIRECTION FROM [ 4 ] TO [ 3 ] 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED [ ]	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED [ ]	

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) CROPPER, LESA, C	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) [REDACTED]
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 524 JOHN ENGLAND RD, BROOKSVILLE, KY, 41004		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE OH	LICENSE PLATE # FJT1385	VEHICLE IDENTIFICATION # 1GCHK29U15E207165
VEHICLE YEAR 2005	VEHICLE MAKE CHEVROLET	VEHICLE MODEL SILVERADO HD
INSURANCE VERIFIED <input type="checkbox"/>	INSURANCE COMPANY	INSURANCE POLICY #
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	# OCCUPANTS 1
VEHICLE WEIGHT GVWR/GCWR 1 - ≤ 10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD PLACARD ID #	
UNIT TYPE 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 - MOPEL 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	
# OF TRAILING UNITS 1	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN [ 2 ]	
SPECIAL FUNCTION 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 EQUIP. 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN	
CARGO BODY TYPE 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN / 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 DEFECTS 1	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	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 SIDEWALK 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	
ACTION 3	PRE-CRASH ACTIONS 1	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 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
CONTRIBUTING CIRCUMSTANCES 99	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 99 - OTHER IMPROPER ACTION	
SEQUENCE OF EVENTS		
1	20	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 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 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 CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
COLLISION WITH FIXED OBJECT - STRUCK		
4	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 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN 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	1	FIRST HARMFUL EVENT    MOST HARMFUL EVENT

OWNER

VEHICLE

EVENTS

EVENTS

UNIT # **2** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**PETERSON, MIA** OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**2191 OHIO PIKE LOT 49, AMELIA, OH, 45102** COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

LP STATE **OH** LICENSE PLATE # **JEE-9588** VEHICLE IDENTIFICATION # **3FAHPOHA0CR244849** VEHICLE YEAR **2012** VEHICLE MAKE **FORD**  
 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR **WHI** VEHICLE MODEL **FUSION**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # TOWED BY: COMPANY NAME  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS VEHICLE WEIGHT GVWR/GCWR  
 MATERIAL CLASS # PLACARD ID #  
 RELEASED PLACARD

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 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

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  3 - CONDITIONAL AUTOMATION  4 - HIGH AUTOMATION  5 - FULL AUTOMATION  9 - UNKNOWN

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 EQUIP.  
 16 - FARM  
 17 - MOWING  
 18 - SNOW REMOVAL  
 19 - TOWING  
 20 - SAFETY SERVICE PATROL  
 21 - MAIL CARRIER  
 99 - OTHER / UNKNOWN

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 - CARGOVAN / 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 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

ACTION  
 1 - NON-COLLISION  
 2 - NON-COLLISION  
 3 - STRIKING  
 4 - STRUCK  
 5 - BOTH STRIKING & STRUCK  
 9 - OTHER / UNKNOWN  
 9 PRE-CRASH ACTIONS  
 12  
 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

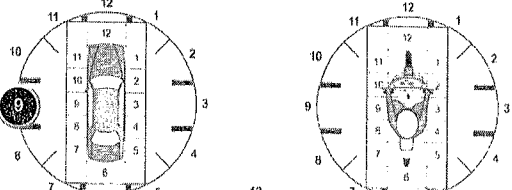
CONTRIBUTING CIRCUMSTANCES  
 1 - NONE  
 2 - FAILURE TO YIELD  
 3 - RAN RED LIGHT  
 4 - RAN STOP SIGN  
 5 - UNSAFE SPEED  
 6 - IMPROPER TURN  
 7 - LEFT OF CENTER  
 8 - FOLLOWING TOO CLOSE /ACDA  
 9 - IMPROPER LANE CHANGE  
 10 - IMPROPER PASSING  
 11 - DROVE OFF ROAD  
 12 - IMPROPER BACKING  
 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  
 99 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS  
 1  20  
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FIRST HARMFUL EVENT  1 MOST HARMFUL EVENT  1  
 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 - MEDIAN CABLE BARRIER  
 34 - MEDIAN GUARDRAIL BARRIER  
 35 - MEDIAN CONCRETE BARRIER  
 36 - MEDIAN 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

LOCAL REPORT NUMBER  
**000210028811**

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

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY  


NO DAMAGE [0] UNDERCARRIAGE [14]  
 TOP [13] ALL AREAS [15]  
 UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT  
 9  
 0 - NO DAMAGE  
 14 - UNDERCARRIAGE  
 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 13 - TOP

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

UNIT / NON-MOTORIST DIRECTION  
 FROM  TO   
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 5 - NORTHEAST  
 6 - NORTHWEST  
 7 - SOUTHEAST  
 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

000210028811

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
1	CROPPER, MARK	08/20/1964	56	M

ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
525 JOHN ENGLAND RD, BROOKSVILLE, KY, 41004	[REDACTED]

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			99	<input type="checkbox"/>	1	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
KY	[REDACTED]	4549.021	<input type="checkbox"/>	STOPPING AFTER ACCIDENT INVOLVI	000210028811

OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST			DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	9	1	1		1	1	

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
2	PETERSON, MIA	10/27/2002	18	F

ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
2191 OHIO PIKE LOT 49, AMELIA, OH, 45102	[REDACTED]

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			1	<input type="checkbox"/>	15	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
OH	[REDACTED]		<input type="checkbox"/>		

OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST			DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1		1	1	

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					<input type="checkbox"/>				

OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
			<input type="checkbox"/>		

OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST			DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG							

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT TRACTOR-TRAILER & INTERMEDIATE LICENSE RESTRICTIONS	6 - PASSENGER	
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER & INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	
<b>INJURIES TAKEN BY</b>	8 - THIRD - MIDDLE	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	8 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	H - HAZMAT	9 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	1 - NONE
2 - EMS	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO EMPLOYMENT ONLY		2 - BLOOD
3 - POLICE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	P - PASSENGER	11 - LIMITED TO EMPLOYMENT ONLY	<b>CONDITION</b>	3 - URINE
9 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	4 - BREATH
	13 - TRAILING UNIT	<b>TRAPPED</b>	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	5 - OTHER
<b>SAFETY EQUIPMENT</b>	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	<b>DRUG TEST TYPE</b>
1 - NONE USED	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - ILLNESS	1 - NONE
2 - SHOULDER BELT ONLY USED	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	2 - BLOOD
3 - LAP BELT ONLY USED			X - TANKER / HAZMAT	17 - PROSTHETIC AID	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	3 - URINE
4 - SHOULDER & LAP BELT USED				18 - OTHER	9 - OTHER / UNKNOWN	4 - OTHER
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			<b>GENDER</b>			5 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			F - FEMALE			<b>DRUG TEST RESULT(S)</b>
7 - BOOSTER SEAT			M - MALE			1 - AMPHETAMINES
8 - HELMET USED			U - OTHER / UNKNOWN			2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)						3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
000210028811

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	1	CROPPER, LESA, C				03/27/1958		63	F	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
525 JOHN ENGLAND RD, BROOKS, KY, 40109					[REDACTED]					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5	1			99	<input type="checkbox"/>	3	1	1	1	

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
					<input type="checkbox"/>					

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
					<input type="checkbox"/>					

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
					<input type="checkbox"/>					

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

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

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

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