

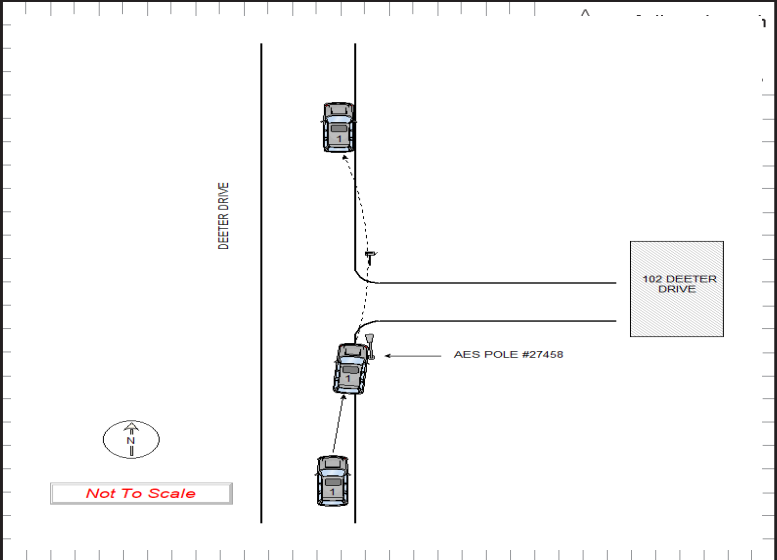
# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|   |  |  |  |  |  |   |  |   |  |   |  |
|---|--|--|--|--|--|---|--|---|--|---|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY  |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER    |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br><b>ENGLEWOOD POLICE</b>   |  | NCIC*<br><b>05718</b>   |  | 2 1 - 0 7 5 8 4 5   |  |   |  |
| COUNTY*<br><b>5 7</b>   |  | LOCALITY*<br>1 - CITY<br><b>1</b>  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Englewood</b>   |  | CRASH DATE / TIME*<br><b>10 07 20 21 19 03</b>  |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br><b>5</b>                  |  |   |  |
| ROUTE TYPE<br><input type="checkbox"/>  |  | ROUTE NUMBER<br><input type="checkbox"/>   |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>   |  | LOCATION ROAD NAME<br><b>Deeter</b>   |  | ROAD TYPE<br><b>D R</b>   |  |   |  |
| ROUTE TYPE<br><input type="checkbox"/>  |  | ROUTE NUMBER<br><input type="checkbox"/>   |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>102</b>   |  | ROAD TYPE<br><input type="checkbox"/>   |  |   |  |
| REFERENCE POINT<br>1 - INTERSECTION<br><b>3</b><br>2 - MILE POST<br>3 - HOUSE #   |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>   |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                       |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS   |  | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE  |  |   |  |
| DISTANCE FROM REFERENCE<br><input type="checkbox"/>   |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br><input type="checkbox"/>   |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES <input type="checkbox"/> |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |  |   |  |   |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br><b>4</b><br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP |  |  |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br><b>1</b><br>2 - REAR-END<br>3 - HEAD-ON   |  |   |  | 4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDE SWIPE, SAME DIRECTION<br>8 - SIDE SWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN                               |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/> |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE     |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA              |  | CONTOUR<br><b>1</b><br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN                              |  | CONDITIONS<br><b>1</b><br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN |  |   |  |
| LIGHT CONDITION<br><b>3</b><br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN    |  | WEATHER<br><b>1</b><br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL  |  | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN   |  | SURFACE<br><b>2</b><br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN |  |   |  |   |  |

NARRATIVE  
 At about 1903 hours on 10-07-2021 unit 1 was traveling north on Deeter Drive apparently messing with radio and when at 102 Deeter Drive went off the right side of the roadway striking AES pole #27458 and then struck the mailbox.



|  |  |  |  |   |  |   |  |   |  |
|--|--|--|--|---|--|---|--|---|--|
| CRASH REPORTED DATE / TIME<br><b>1 0 0 7 2 0 2 1 1 9 0 3</b> |  | DISPATCH DATE / TIME<br><b>1 0 0 7 2 0 2 1 1 9 0 4</b> |  | ARRIVAL DATE / TIME<br><b>1 0 0 7 2 0 2 1 1 9 0 5</b> |  | SCENE CLEARED DATE / TIME<br><b>1 0 0 7 2 0 2 1 1 9 0 4 2</b> |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST         |  |
| TOTAL TIME ROADWAY CLOSED<br><b>0</b>                        |  | OTHER INVESTIGATION TIME<br><b>5</b>                   |  | TOTAL MINUTES<br><b>4 3</b>                           |  | OFFICER'S NAME*<br><b>Ofc. N.Z. Rosenbauer</b>                |  | CHECKED BY OFFICER'S NAME*<br><b>Sgt. E.W. Totel</b>  |  |
|  |  |  |  | OFFICER'S BADGE NUMBER*<br><b>2 4 6</b>               |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>1 0 3</b>            |  | <input type="checkbox"/> SUPPLEMENT<br><small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)</small> |  |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**21-075845**

|  |  |                                  |  |   |  |                               |  |                      |   |  |
|--|--|----------------------------------|--|---|--|-------------------------------|--|----------------------|---|--|
| <b>UNIT #</b><br>1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>KNICK, HAILEY RENEE      |                                  | <b>DATE OF BIRTH</b><br>07/01/2004                     |   | <b>AGE</b><br>17                                 | <b>GENDER</b><br>F            |  |                      |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>101 WILLOW WIND CT, ENGLEWOOD, OH, 45315 |  |                                  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>redacted per ORC 149.43(A)(1)(mm)   |  |                               |  |                      |   |  |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b>                                      | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>04  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>01 | <b>AIR BAG USAGE</b><br>1                | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1                                     |  |
| <b>OL STATE</b><br>OH  | <b>OPERATOR LICENSE NUMBER</b><br>redacted per ORC 4501:1-12 |                                  | <b>OFFENSE CHARGED</b><br>434.025                      | <b>LOCAL CODE</b><br>█  | <b>OFFENSE DESCRIPTION</b><br>Reasonable Control |                               | <b>CITATION NUMBER</b><br>209003         |                      |   |  |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b><br>SELECT UPTO 2                          | <b>RESTRICTION</b> SELECT UPTO 3 | <b>DRIVER DISTRACTED BY</b><br>7                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1         | <b>ALCOHOL TEST</b><br>STATUS TYPE VALUE |                      | <b>DRUG TEST(S)</b><br>STATUS TYPE RESULT SELECT UPTO 4 |  |

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

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

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

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**KNICK, HAILEY RENEE**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**101 WILLOW WIND CT, ENGLEWOOD, OH, 45315**

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

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)  
**redacted per ORC**

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # JMU9470 VEHICLE IDENTIFICATION # 5N1AR18W65C775199 VEHICLE YEAR 2005 VEHICLE MAKE Nissan

INSURANCE VERIFIED  INSURANCE COMPANY Allstate INSURANCE POLICY # 826447787 COLOR SIL VEHICLE MODEL Pathfinder

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME OTHER

HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY

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

UNIT TYPE 3

# of TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

AUTONOMOUS MODE LEVEL: 1 - YES 2 - NO 9 - OTHER / UNKNOWN

SPECIAL FUNCTION 1

CARGO BODY TYPE 1

VEHICLE DEFECTS 1

NON-MOTORIST LOCATION AT IMPACT 1

ACTION 3

CONTRIBUTING CIRCUMSTANCES 1 1

SEQUENCE OF EVENTS

1 43 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

2 40 3 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

3 47 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT

4 47 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT

5 47 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

4 47 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT

5 47 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL

5 47 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING

6 47 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL

6 47 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT

6 47 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN

2 47 FIRST HARMFUL EVENT 3 47 MOST HARMFUL EVENT

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 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 2 TO 1

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

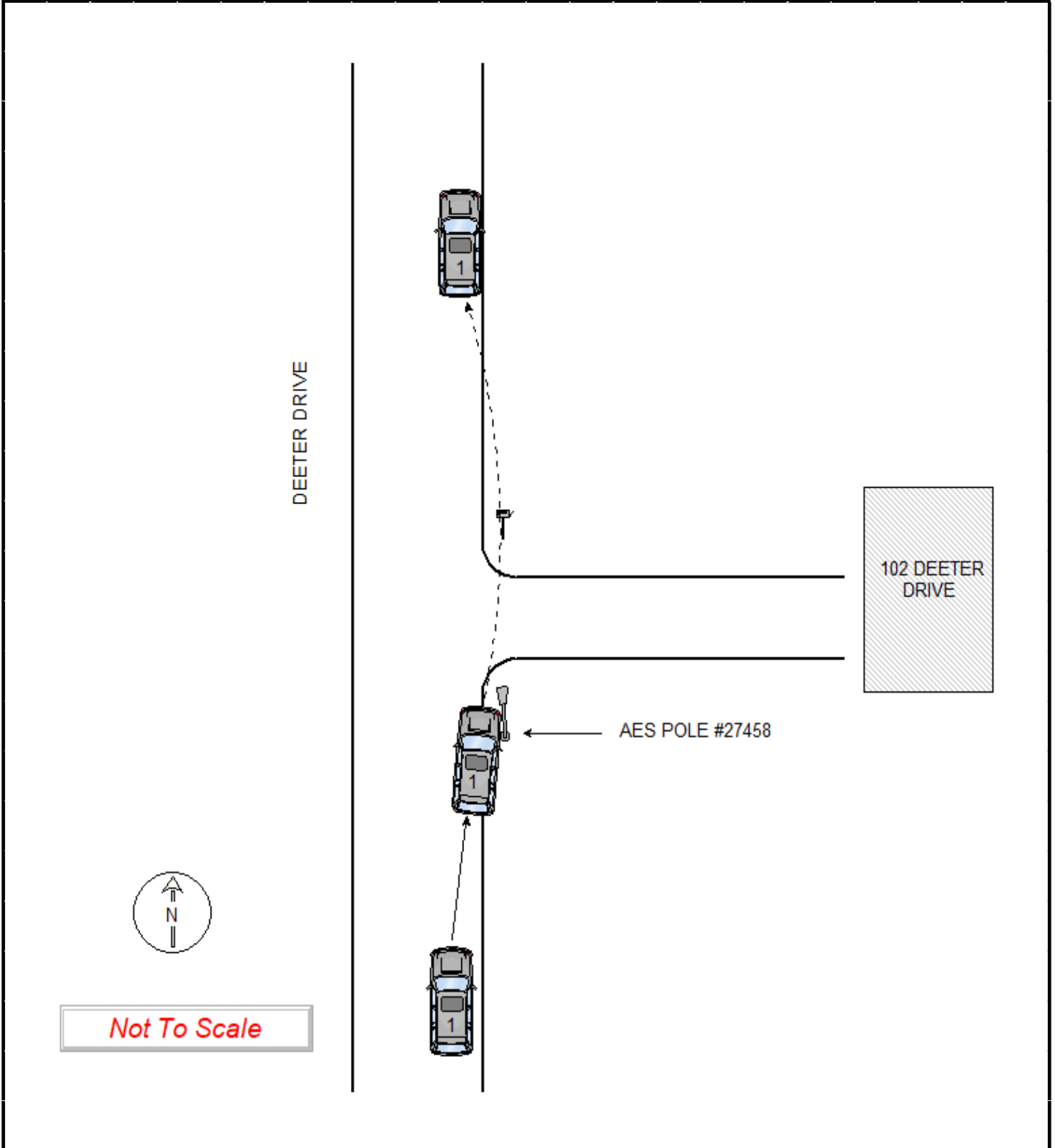
**UNIT SPEED** 35

**POSTED SPEED** 25

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



|                                  |                                      |                                      |
|----------------------------------|--------------------------------------|--------------------------------------|
| LOCAL REPORT NUMBER<br>21-075845 | REPORTING AGENCY<br>ENGLEWOOD POLICE | DATE OF CRASH<br>M 10   D 7   Y 2021 |
| IN COUNTY OF<br>MONTGOMERY       | CRASH LOCATION<br>102 Deeter Drive   |                                      |



|  |                     |
|--|---------------------|
| OFFICER'S SIGNATURE<br><b>X</b> Ofc. N.Z. Rosenbauer | BADGE NUMBER<br>246 |
|--|---------------------|