

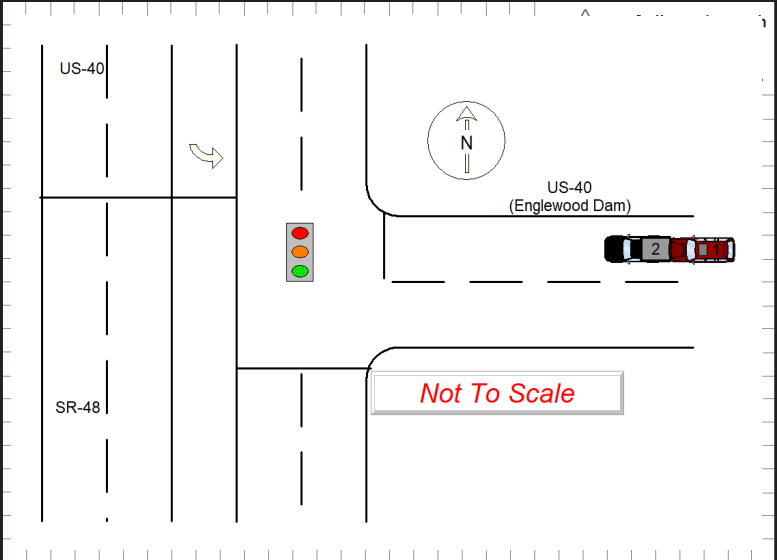
# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |  |   |   |  |  |   |  |
|--|--|---|---|--|--|---|--|
| <input checked="" 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><b>Englewood Dam</b>   |  | <b>E N 2 2 0 0 0 0 3 9</b>   |   |  |
| REPORTING AGENCY NAME*<br><b>ENGLEWOOD POLICE</b>  |  | NCIC*<br><b>0 5 7 1 8</b>   |   | HIT/SKIP<br><input type="checkbox"/> 1 - SOLVED<br><input checked="" type="checkbox"/> 2 - UNSOLVED  | NUMBER OF UNITS<br><input type="checkbox"/> 1<br><input checked="" type="checkbox"/> 2   | UNIT IN ERROR<br><input type="checkbox"/> 98 - ANIMAL<br><input checked="" type="checkbox"/> 99 - UNKNOWN   |  |
| COUNTY*<br><b>5 7</b>  | LOCALITY*<br><input type="checkbox"/> 1 - CITY<br><input checked="" type="checkbox"/> 2 - VILLAGE<br><input type="checkbox"/> 3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Englewood</b>  |   | CRASH DATE / TIME*<br><b>0 1 0 4 2 0 2 2 1 2 3 0</b>   |  | CRASH SEVERITY<br><input type="checkbox"/> 1 - FATAL<br><input type="checkbox"/> 2 - SERIOUS INJURY SUSPECTED<br><input type="checkbox"/> 3 - MINOR INJURY SUSPECTED<br><input type="checkbox"/> 4 - INJURY POSSIBLE<br><input type="checkbox"/> 5 - PROPERTY DAMAGE ONLY |  |
| ROUTE TYPE<br><b>U S</b>   |  | ROUTE NUMBER<br><b>4 0</b>  | PREFIX<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  | LOCATION ROAD NAME<br><b>DAM</b>   |  | ROAD TYPE<br><b>R D</b>   |  |
| ROUTE TYPE<br><b>U S</b>   |  | ROUTE NUMBER<br><b>4 0</b>  | PREFIX<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>DAM</b>  |  | ROAD TYPE<br><b>R D</b>   |  |
| REFERENCE POINT<br><input checked="" type="checkbox"/> 1 - INTERSECTION<br><input type="checkbox"/> 2 - MILE POST<br><input type="checkbox"/> 3 - HOUSE #  |  | DIRECTION FROM REFERENCE<br><input checked="" type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST | 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   | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY   | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA  |
| DISTANCE FROM REFERENCE<br><b>0 0 0</b>  |  | DISTANCE UNIT OF MEASURE<br><input checked="" type="checkbox"/> 1 - MILES<br><input type="checkbox"/> 2 - FEET<br><input type="checkbox"/> 3 - YARDS                                      | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |  | NUMBER OF APPROACHES<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5   |   |  |
| LOCATION OF FIRST HARMFUL EVENT<br><input checked="" type="checkbox"/> 1 - ON ROADWAY<br><input type="checkbox"/> 2 - ON SHOULDER<br><input type="checkbox"/> 3 - IN MEDIAN<br><input type="checkbox"/> 4 - ON ROADSIDE<br><input type="checkbox"/> 5 - ON GORE<br><input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY<br><input type="checkbox"/> 7 - ON RAMP<br><input type="checkbox"/> 8 - OFF RAMP |  |   | MANNER OF CRASH COLLISION/IMPACT<br><input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br><input type="checkbox"/> 2 - REAR-END<br><input type="checkbox"/> 3 - HEAD-ON<br><input type="checkbox"/> 4 - REAR-TO-REAR<br><input type="checkbox"/> 5 - BACKING<br><input type="checkbox"/> 6 - ANGLE<br><input type="checkbox"/> 7 - SIDE SWIPE, SAME DIRECTION<br><input type="checkbox"/> 8 - SIDE SWIPE, OPPOSITE DIRECTION<br><input type="checkbox"/> 9 - OTHER / UNKNOWN |  |  | DIRECTION OF TRAVEL<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   |  |
| 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><input type="checkbox"/> 1 - LANE CLOSURE<br><input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER<br><input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN<br><input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK<br><input type="checkbox"/> 5 - OTHER   | LOCATION OF CRASH IN WORK ZONE<br><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br><input type="checkbox"/> 4 - ACTIVITY AREA<br><input type="checkbox"/> 5 - TERMINATION AREA |  | CONTOUR<br><input checked="" type="checkbox"/> 1<br><input type="checkbox"/> 2 - STRAIGHT GRADE<br><input type="checkbox"/> 3 - CURVE LEVEL<br><input type="checkbox"/> 4 - CURVE GRADE<br><input type="checkbox"/> 9 - OTHER/UNKNOWN                                     | CONDITIONS<br><input checked="" type="checkbox"/> 1<br><input type="checkbox"/> 2 - DRY<br><input type="checkbox"/> 3 - WET<br><input type="checkbox"/> 4 - SNOW<br><input type="checkbox"/> 5 - ICE<br><input type="checkbox"/> 6 - SAND, MUD, DIRT, OIL, GRAVEL<br><input type="checkbox"/> 7 - WATER (STANDING, MOVING)<br><input type="checkbox"/> 8 - SLUSH<br><input type="checkbox"/> 9 - OTHER/UNKNOWN |
| LIGHT CONDITION<br><input checked="" type="checkbox"/> 1 - DAYLIGHT<br><input type="checkbox"/> 2 - DAWN/DUSK<br><input type="checkbox"/> 3 - DARK - LIGHTED ROADWAY<br><input type="checkbox"/> 4 - DARK - ROADWAY NOT LIGHTED<br><input type="checkbox"/> 5 - DARK - UNKNOWN ROADWAY LIGHTING<br><input type="checkbox"/> 9 - OTHER / UNKNOWN  |  |   | WEATHER<br><input checked="" type="checkbox"/> 1 - CLEAR<br><input type="checkbox"/> 2 - CLOUDY<br><input type="checkbox"/> 3 - FOG, SMOG, SMOKE<br><input type="checkbox"/> 4 - RAIN<br><input type="checkbox"/> 5 - SLEET, HAIL<br><input type="checkbox"/> 6 - SNOW<br><input type="checkbox"/> 7 - SEVERE CROSSWINDS<br><input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW<br><input type="checkbox"/> 9 - FREEZING RAIN OR FREEZING DRIZZLE<br><input type="checkbox"/> 99 - OTHER / UNKNOWN              |  | SURFACE<br><input checked="" type="checkbox"/> 2<br><input type="checkbox"/> 1 - CONCRETE<br><input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT<br><input type="checkbox"/> 3 - BRICK/BLOCK<br><input type="checkbox"/> 4 - SLAG, GRAVEL, STONE<br><input type="checkbox"/> 5 - DIRT<br><input type="checkbox"/> 9 - OTHER/UNKNOWN |   |  |

NARRATIVE  
 At about 1230 hours on January 4, 2021 unit 1 was traveling west on the dam at approximately 25 MPH and when at US 40 failed to stop within the assured clear distance ahead and collided with unit 2 which was also WEST bound and was stopped in traffic at US 40. Brake lights on unit 2 were inspected and were working properly.



|  |  |  |   |   |   |   |   |   |
|--|--|--|---|---|---|---|---|---|
| CRASH REPORTED DATE / TIME<br><b>0 1 0 4 2 0 2 2 1 2 3 0</b> |  | DISPATCH DATE / TIME<br><b>0 1 0 4 2 0 2 2 1 2 3 0</b> |   | ARRIVAL DATE / TIME<br><b>0 1 0 4 2 0 2 2 1 2 3 5</b> |   | SCENE CLEARED DATE / TIME<br><b>0 1 0 4 2 0 2 2 1 3 3 0</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>4 5</b> | TOTAL MINUTES<br><b>1 0 5</b>                          | OFFICER'S NAME*<br><b>Ofc. J.E. Cox</b> |   | CHECKED BY OFFICER'S NAME*<br><b>Ofc. A.J. Bronsord</b> |   | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) |   |
|  |  | OFFICER'S BADGE NUMBER*<br><b>2 4 4</b>                |   | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>2 4 5</b>    |   |   |   |   |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**EN220000039**

|   |  |  |   |   |  |                               |  |                      |   |  |
|---|--|--|---|---|--|-------------------------------|--|----------------------|---|--|
| <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>GANGER, KARL             |  | <b>DATE OF BIRTH</b><br>08/22/1940  |   | <b>AGE</b><br>81   | <b>GENDER</b><br>M            |  |                      |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>317 SKINNER DR, DAYTON, OH, 45426 |  |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>redacted per ORC 149.43(A)(1)(mm)   |  |                               |  |                      |   |  |
| <b>INJURIES</b><br>3  | <b>INJURED TAKEN BY</b><br>2                                 | <b>EMS AGENCY (NAME)</b><br>ENGLEWOOD FIRE | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br>MIAMI VALLEY HOSPITAL | <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>434.03A   | <b>LOCAL CODE</b><br>[ ]  | <b>OFFENSE DESCRIPTION</b><br>Assured Clear Distance Ahead |                               | <b>CITATION NUMBER</b><br>209148         |                      |   |  |
| <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>1  | <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><br>2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>KAMPHAUS, AUGUST         |                                  | <b>DATE OF BIRTH</b><br>11/25/1956                     |   | <b>AGE</b><br>65                                 | <b>GENDER</b><br>M            |  |                      |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>E SHERRY DR, DAYTON, OH, 45426 |  |                                  |  | <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>                                 | <b>LOCAL CODE</b><br>[ ]  | <b>OFFENSE DESCRIPTION</b>                       |                               | <b>CITATION NUMBER</b>                   |                      |   |  |
| <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>1                       | <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><br>[ ]  | <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 |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

EN22000039

|  |   |  |  |   |  |  |  |                               |                                    |                      |                     |
|--|---|--|--|---|--|--|--|-------------------------------|------------------------------------|----------------------|---------------------|
| <b>OCCUPANT</b>                          | <b>UNIT #</b><br>1  | <b>NAME:</b> LAST, FIRST, MIDDLE<br>GANGER, SANDRA L |  |   |  | <b>DATE OF BIRTH</b><br>05/14/1942   |  | <b>AGE</b><br>79              | <b>GENDER</b><br>F                 |                      |                     |
|  | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>317 SKINNER DR, DAYTON, OH, 45426 |  |  |   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>redacted per ORC 149.43(A)(1)(mm)          |  |                               |                                    |                      |                     |
|  | <b>INJURIES</b><br>3  | <b>INJURED TAKEN BY</b><br>2                         | <b>EMS AGENCY (NAME)</b><br>ENGLEWOOD FIRE             | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br>MIAMI VALLEY HOSPITAL |  | <b>SAFETY EQUIPMENT USED</b><br>04   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>03 | <b>AIR BAG USAGE</b><br>1          | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |
|  | <b>UNIT #</b>   | <b>NAME:</b> LAST, FIRST, MIDDLE                     |  |   |  | <b>DATE OF BIRTH</b>   |  | <b>AGE</b>                    | <b>GENDER</b>                      |                      |                     |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |   |  |  |   | <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>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE  |  |  |   | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>                                       | <b>GENDER</b>                 |                                    |                      |                     |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |   |  |  |   | <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>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE  |  |  |   | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>                                       | <b>GENDER</b>                 |                                    |                      |                     |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |   |  |  |   | <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>INJURIES</b>                          |   |  | <b>SAFETY EQUIPMENT USED</b>                           |   |  | <b>SEATING POSITION</b>  |  |                               | <b>AIR BAG USAGE</b>               |                      |                     |
| 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                 |                      |                     |
| <b>INJURED TAKEN BY</b>                  |   |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING               |   |  | 6 - SECOND - RIGHT SIDE  |  |                               | 9 - DEPLOYMENT UNKNOWN             |                      |                     |
| 1 - NOT TRANSPORTED / TREATED AT SCENE   |   |  | 7 - BOOSTER SEAT                                       |   |  | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |  |                               | <b>EJECTION</b>                    |                      |                     |
| 2 - EMS                                  |   |  | 8 - HELMET USED  |   |  | 8 - THIRD - MIDDLE   |  |                               | 1 - NOT EJECTED                    |                      |                     |
| 3 - POLICE                               |   |  | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)          |   |  | 9 - THIRD - RIGHT SIDE   |  |                               | 2 - PARTIALLY EJECTED              |                      |                     |
| 9 - OTHER / UNKNOWN                      |   |  | 10 - REFLECTIVE CLOTHING                               |   |  | 10 - SLEEPER SECTION OF TRUCK CAB  |  |                               | 3 - TOTALLY EJECTED                |                      |                     |
|  |   |  | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY              |   |  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |  |                               | 4 - NOT APPLICABLE                 |                      |                     |
|  |   |  | 99 - OTHER / UNKNOWN                                   |   |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |  |                               | <b>TRAPPED</b>                     |                      |                     |
|  |   |  |  |   |  | 13 - TRAILING UNIT   |  |                               | 1 - NOT TRAPPED                    |                      |                     |
|  |   |  |  |   |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |  |                               | 2 - EXTRICATED BY MECHANICAL MEANS |                      |                     |
|  |   |  |  |   |  | 15 - NON-MOTORIST  |  |                               | 3 - FREED BY NON-MECHANICAL MEANS  |                      |                     |
|  |   |  |  |   |  | 99 - OTHER / UNKNOWN   |  |                               |                                    |                      |                     |
| <b>WITNESS</b>                           | <b>NAME:</b> LAST, FIRST, MIDDLE  |  |  |   |  | <b>DATE OF BIRTH</b>   |  | <b>AGE</b>                    | <b>GENDER</b>                      |                      |                     |
|  | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP                                      |  |  |   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |  |                               |                                    |                      |                     |
| <b>WITNESS</b>                           | <b>NAME:</b> LAST, FIRST, MIDDLE  |  |  |   |  | <b>DATE OF BIRTH</b>   |  | <b>AGE</b>                    | <b>GENDER</b>                      |                      |                     |
|  | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP                                      |  |  |   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |  |                               |                                    |                      |                     |
| <b>WITNESS</b>                           | <b>NAME:</b> LAST, FIRST, MIDDLE  |  |  |   |  | <b>DATE OF BIRTH</b>   |  | <b>AGE</b>                    | <b>GENDER</b>                      |                      |                     |
|  | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP                                      |  |  |   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |  |                               |                                    |                      |                     |

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**GANGER, KARL**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**317 SKINNER DR, DAYTON, OH, 45426**

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**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # CUE9294 VEHICLE IDENTIFICATION # 1C4NJRFB7GD692762 VEHICLE YEAR 2016 VEHICLE MAKE Jeep

INSURANCE VERIFIED  INSURANCE COMPANY STATE FARM INSURANCE POLICY # 9421800D3-35 COLOR MAR VEHICLE MODEL Compass

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

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

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

**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

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

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 - NO CARGO BODY TYPE 2 - BUS

3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 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

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 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

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

PRE-CRASH ACTIONS 1

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

**INITIAL POINT OF CONTACT**

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

CONTRIBUTING CIRCUMSTANCES 8

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 / ACD/A 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

**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

SEQUENCE OF EVENTS

1 20 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT

2 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN

3 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE

4 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTORVEHICLE IN TRANSPORT 21 - PARKED MOTORVEHICLE

5 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE 24 - OTHER MOVABLE OBJECT

6 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE

1 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER

1 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT

1 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT

1 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**UNIT / NON-MOTORIST DIRECTION**

FROM 3 TO 4

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

UNIT SPEED 25

POSTED SPEED 35

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

**OWNER**

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**KAMPHAUS, AUGUST**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**SHERRY DR, DAYTON, OH, 45426**

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**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # EUM4119 VEHICLE IDENTIFICATION # 1FTMF1CB5KKD80415 VEHICLE YEAR 2019 VEHICLE MAKE Ford

INSURANCE VERIFIED  INSURANCE COMPANY AMERICAN FAMILY INSURANCE POLICY # 083473030476 COLOR BLK VEHICLE MODEL F-150 Heritage

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

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

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 4

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 (6+ 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) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# of TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 1

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

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN  
11 - DUMP

VEHICLE DEFECTS

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 4

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 PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 1

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 / ACD/A 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY  
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
5 - UNSAFE SPEED 11 - DROVE OFF ROAD  
6 - IMPROPER TURN 12 - IMPROPER BACKING

SEQUENCE OF EVENTS

1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 1 2 - 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 MOTORVEHICLE  
3 1 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
4 1 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTORVEHICLE IN TRANSPORT  
5 1 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

INITIAL POINT OF CONTACT

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 3 TO 4

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

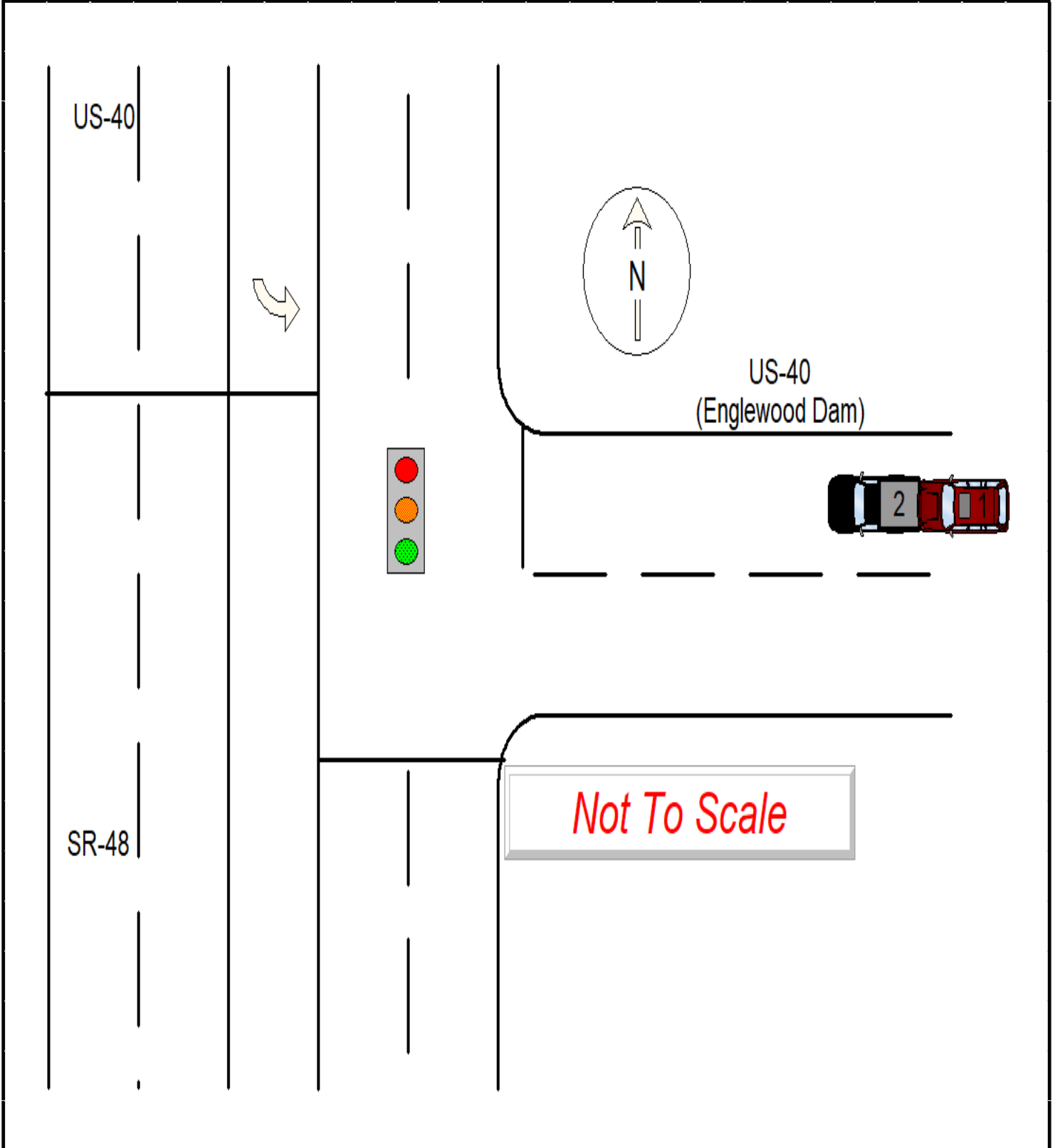
UNIT SPEED 0

POSTED SPEED 35

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



|                                    |   |                                     |
|------------------------------------|---|-------------------------------------|
| LOCAL REPORT NUMBER<br>EN220000039 | REPORTING AGENCY<br>ENGLEWOOD POLICE            | DATE OF CRASH<br>M 1   D 4   Y 2022 |
| IN COUNTY OF<br>MONTGOMERY         | CRASH LOCATION<br>Federal US Route 40/ DAM Road |                                     |



|   |                     |
|---|---------------------|
| OFFICER'S SIGNATURE<br><b>X</b> Ofc. J.E. Cox | BADGE NUMBER<br>244 |
|---|---------------------|