

DO NOT WRITE IN THIS SPACE

# OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

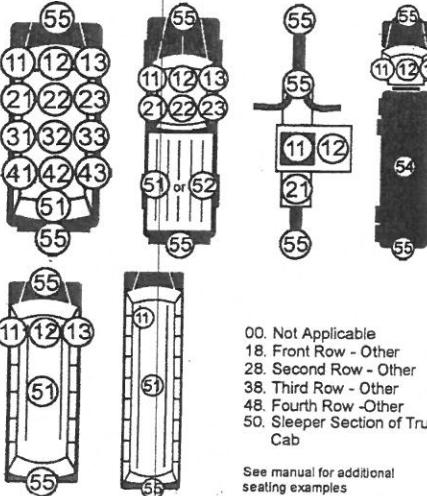
|   |                         |   |  |   |                                       |  |   |  |   |   |                              |  |
|---|-------------------------|---|--|---|---------------------------------------|--|---|--|---|---|------------------------------|--|
| Reporting Agency<br><b>MOORE POLICE DEPARTMENT</b>            |                         |   |  | Case Number (Agency Use)<br><b>1 6 - 2 8 5 5 7</b>                                    | Motor Vehicles Involved<br><b>0 2</b> |  | Number Injured<br><b>0 1</b>  | Number Killed<br><b>0 0</b>  |   |   |                              |  |
| (2) Date of Collision (mm/dd/yyyy)                            |                         | Time<br><b>0 8 1 5 2 0 1 6 0 9 5 5 1 4</b>  | County Number and Name<br><b>CLEVELAND</b> | Nearest City or Town Number and Name<br>In Near <b>1 0</b> <b>MOORE</b>               |                                       |  |   |  |   |   |                              |  |
| (3) Distance from Nearest City or Town Limits                 |                         | Control #<br><b>FL</b>  | Int ID<br><b>FL</b>                        | Location  | East Grid                             | North Grid   | Administrative  |  |   |   |                              |  |
| (4) Street, Road or Highway                                   |                         | Distance from<br><b>At</b>  |  | ML<br><b>FL</b>   | N<br><b>FL</b>                        | E<br><b>W</b>  | (Nearest) Intersecting Street, Road or Highway<br><b>INDIAN HILLS RD.</b> |  |   |   |                              |  |
| (5) Unit  | Occupants<br><b>0 1</b> | Type<br><b>d</b>  | Last Name<br><b>DECKER-GALEY</b>           | First<br><b>YVONNE</b>  | Middle<br><b>D</b>                    | Suffix   | Date of Birth (mm/dd/yyyy)  |  |   |   |                              |  |
| (6) Address   |                         | City  |  | State<br><b>OK</b>  |                                       | Zip  | Telephone (Use Area Code)   |  |   |   |                              |  |
| (7) Driver License Number                                     |                         |   |  | State<br><b>OK</b>  | Class                                 | Endorsement(s)   | Restriction(s)<br><b>2</b>  | Inj. Sev.<br><b>1 5</b>  | Type of Injury  | Drv./Ped. Cond. OP Use<br><b>0 1 0 4</b>  |                              |  |
| (8) Ejected<br><b>1 1</b>                                     |                         | Extricated<br><b>0</b>  | Test<br><b>5 0</b>                         | (% BAC)   | Transported by<br><b>BY P.O.V.</b>    | To Medical Facility<br><b>UNKNOWN</b>  | License Plate Number  |  |   | State<br><b>OK</b>  | Month<br><b>1 0</b>          | Year<br><b>2 0 1 6</b>   |
| (9) VIN   |                         |   |  | Vehicle Year<br><b>2 0 0 8</b>  | Color<br><b>S I L</b>                 | 2nd Color  | Make<br><b>NISS</b>   | Model<br><b>ALTI 0 2</b>   | Veh. Conf.  |   | Extent of Damage<br><b>3</b> |  |
| (10) Insurance Verification<br><b>2</b>                       |                         | Insurance Company Name  |  | Policy Number   |                                       | Insurance Telephone (Use Area Code)  |   |  |   |   |                              |  |
| (11) Vehicle Removed by<br>Driver                             |                         | Owner's Last Name<br><b>R&amp;R RECOVERY</b>  |  | Same as Driver  |                                       | First  |   | Middle Suffix  |   |   |                              |  |
| (12) Owner's Address  |                         | City  |  | State<br><b>OK</b>  |                                       | Zip  | Oversized Load  | Towed Veh. Type  |   | Rolled  | Phone present                |  |
| (13) Citation Number  |                         | Statute/Ordinance Number  |  | Citation Number   |                                       |  |   | Statute/Ordinance Number   |   | Burned  | Phone in use                 |  |
| (14) Unit   |                         | Occupants<br><b>0 2</b>   | Type<br><b>D</b>                           | Last Name<br><b>COLON</b>   | First<br><b>CYNTHIA</b>               | Middle<br><b>S</b>   | Suffix  | Date of Birth (mm/dd/yyyy)   |   | Sex   |                              |  |
| (15) Address  |                         | City  |  | State<br><b>OK</b>  |                                       | Zip  | Telephone (Use Area Code)   |  |   |   |                              |  |
| (16) Driver License Number                                    |                         |   |  | State<br><b>OK</b>  | Class                                 | Endorsement(s)   | Restriction(s)<br><b>1</b>  | Inj. Sev.<br><b>1 0</b>  | Type of Injury  | Drv./Ped. Cond. OP Use<br><b>0 1 0 4</b>  |                              |  |
| (17) Ejected<br><b>1 1</b>                                    |                         | Extricated<br><b>0</b>  | Test<br><b>5 0</b>                         | (% BAC)   | Transported by                        | To Medical Facility  | License Plate Number  |  |   | State<br><b>OK</b>  | Month<br><b>1 2</b>          | Year<br><b>2 0 1 6</b>   |
| (18) VIN  |                         |   |  | Vehicle Year<br><b>2 0 1 2</b>  | Color<br><b>W H I</b>                 | 2nd Color<br><b>A L U</b>  | Make<br><b>FORD</b>   | Model<br><b>F 2 5 0</b>  | Veh. Conf.  |   | Extent of Damage<br><b>2</b> |  |
| (19) Insurance Verification<br><b>4</b>                       |                         | Insurance Company Name  |  | Policy Number   |                                       | Insurance Telephone (Use Area Code)  |   |  |   |   |                              |  |
| (20) Vehicle Removed by<br>Driver                             |                         | Owner's Last Name<br><b>CITY OF NORMAN</b>  |  | Same as Driver  |                                       | First  |   | Middle Suffix  |   |   |                              |  |
| (21) Owner's Address  |                         | City<br><b>NORMAN</b>   |  | State<br><b>OK</b>  |                                       | Zip<br><b>7 3 0 7 0</b>  | Oversized Load  | Towed Veh. Type  |   | Rolled  | Phone present                |  |
| (22) Citation Number  |                         | Statute/Ordinance Number  |  | Citation Number   |                                       |  |   | Statute/Ordinance Number   |   | Burned  | Phone in use                 |  |
| (23) Investigating Officer<br><b>J. CAMPBELL</b>              |                         | Badge Number<br><b>1 9 9</b>  |  | Troop/Div.<br><b>A - 9 3</b>  |                                       | Reviewer (Init.)<br><b>TBS</b>   | Reviewer Badge Number<br><b>4 3 3</b>                                     | Date of Report (mm/dd/yyyy)<br><b>0 8 1 5 2 0 1 6</b>  |   | Occupant Protection (OP) In Use   |                              |  |
| Unit Type<br><b>Z Other Cyclst</b>                            |                         | Injury Severity<br><b>0 N/A<br/>1 No Injury<br/>2 Possible<br/>3 Non -<br/>incapacitating</b>   |  | Type of Injury<br><b>4 Incapacitating<br/>5 Fatal<br/>9 Unknown</b>                   |                                       | Driver/Pedestrian Condition<br><b>0 N/A<br/>1 Head -<br/>2 Trunk -<br/>External<br/>5 Legs<br/>8 Unknown</b> |   | Driver/Pedestrian Condition<br><b>00 Not Applicable<br/>05 Under the<br/>Influence of<br/>01 Apparently Normal<br/>02 Drunk - Ability Impaired<br/>03 Odor of Alcohol/Beverage<br/>06 Very Tired<br/>07 Sleepy</b> |   | Occupant Protection (OP) In Use<br><b>00 Not Applicable<br/>01 Not Used<br/>02 Lap Belt Only<br/>03 Shoulder Belt Only<br/>04 Shoulder and Lap Belt<br/>05 Child Restraint Type Unknown<br/>06 Restraint Used - Type<br/>07 Unknown<br/>08 Unknown<br/>09 Unknown<br/>10 Booster Seat<br/>11 Other<br/>99 Unknown</b> |                              |  |
| Driver<br>Pedestrian<br>Pedestrian<br>Conveyance<br>Bicyclist |                         | Air Bag Deployed<br>Not Applicable<br>Not Deployed<br>Deployed - Front 5 Deployed - Combination<br>Deployed - Side 9 Deployment Unknown |  | Ejected<br>0 Not Applicable<br>3 Ejected,<br>1 Not Ejected<br>2 Ejected,<br>Partially |                                       | Extricated<br>0 N/A<br>1 No<br>2 Yes   | Chemical Test<br>0 N/A<br>1 Blood<br>2 Breath<br>3 Blood/Breath           | Extent of Damage<br>4 Test Refused<br>5 None Given<br>6 Other  | Insurance Verification<br>0 N/A<br>1 None<br>2 Minor<br>9 Unknown | Oversized Load<br>0 N/A<br>1 No<br>2 Owner  | Facing                       | Towed Vehicle Type<br>00 N/A<br>05 Another Vehicle<br>06 Utility Trailer<br>07 Homemade<br>02 House Trailer<br>03 Farm Trailer<br>04 Horse Trailer<br>08 Box Trailer<br>99 Unknown |

**WARNING - STATE LAW**

Use of contents for commercial solicitation is unlawful

|   |         |                           |           |   |                          |  |                                    |                                     |                              |
|---|---------|---------------------------|-----------|---|--------------------------|--|------------------------------------|-------------------------------------|------------------------------|
| (24) Unit   |         | Pos in Veh. Last Name     |           | First                                     | Middle Initial           |  | Date of Birth (mm/dd/yyyy)         |                                     |                              |
| <input type="checkbox"/>  | Injured | <input type="checkbox"/>  | Passenger | <input type="checkbox"/>                  | <input type="checkbox"/> | FITZGERALD, PATRICK  | T                                  | <input type="checkbox"/>            | <input type="checkbox"/>     |
| (25) Address  |         | City                      |           | State                                     | Zip                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                    |                                     |                              |
| Same as Driver  |         |                           |           | OK  | 7 3 0 7 0                |  |                                    |                                     |                              |
| (26) Injury Severity / Type   |         | OP Use                    | Air Bag   | Ejected                                   | Extricated               | Transported by   | To Medical Facility                |                                     | Property Type                |
|   |         |                           |           |   |                          |  |                                    |                                     |                              |
| (27) Unit   |         | Pos in Veh. Last Name     |           | First                                     | Middle Initial           |  | Date of Birth (mm/dd/yyyy)         |                                     | Sex                          |
| <input type="checkbox"/>  | Injured | <input type="checkbox"/>  | Passenger | <input type="checkbox"/>                  | <input type="checkbox"/> | FITZGERALD, BARBRA   | K                                  | <input type="checkbox"/>            | <input type="checkbox"/>     |
| (28) Address  |         | City                      |           | State                                     | Zip                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                    |                                     |                              |
| Same as Driver  |         |                           |           | OK  | 7 3 0 7 0                |  |                                    |                                     |                              |
| (29) Injury Severity / Type   |         | OP Use                    | Air Bag   | Ejected                                   | Extricated               | Transported by   | To Medical Facility                |                                     | Property Type                |
|   |         |                           |           |   |                          |  |                                    |                                     |                              |
| (30) Unit   |         | Pos in Veh. Last Name     |           | First                                     | Middle Initial           |  | Date of Birth (mm/dd/yyyy)         |                                     | Sex                          |
| <input type="checkbox"/>  | Injured | <input type="checkbox"/>  | Passenger | <input type="checkbox"/>                  | <input type="checkbox"/> |  | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/>     |
| (31) Address  |         | City                      |           | State                                     | Zip                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                    |                                     |                              |
| Same as Driver  |         |                           |           |   |                          |  |                                    |                                     |                              |
| (32) Injury Severity / Type   |         | OP Use                    | Air Bag   | Ejected                                   | Extricated               | Transported by   | To Medical Facility                |                                     | Property Type                |
|   |         |                           |           |   |                          |  |                                    |                                     |                              |
| (33) Unit   |         | Pos in Veh. Last Name     |           | First                                     | Middle Initial           |  | Date of Birth (mm/dd/yyyy)         |                                     | Sex                          |
| <input type="checkbox"/>  | Injured | <input type="checkbox"/>  | Passenger | <input type="checkbox"/>                  | <input type="checkbox"/> |  | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/>     |
| (34) Address  |         | City                      |           | State                                     | Zip                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                    |                                     |                              |
| Same as Driver  |         |                           |           |   |                          |  |                                    |                                     |                              |
| (35) Injury Severity / Type   |         | OP Use                    | Air Bag   | Ejected                                   | Extricated               | Transported by   | To Medical Facility                |                                     | Property Type                |
|   |         |                           |           |   |                          |  |                                    |                                     |                              |
| <p>Complete information below if this vehicle is being used for COMMERCIAL BUSINESS AND HAS A GVWR in EXCESS OF 10,000 LBS for a CLASS A MOTOR CARRIER. This section is also used for LEASING FOR ONE OR MORE INCLUDING THE DRIVER.</p> |         |                           |           |   |                          |  |                                    |                                     |                              |
| (36) Unit   |         | Carrier Name              |           | Address                                   |                          |  |                                    |                                     |                              |
| <input type="checkbox"/>  |         |                           |           |   |                          |  |                                    |                                     |                              |
| (37) City   |         |                           |           | State                                     | Zip                      | <input type="checkbox"/> 0 - 10K lb.   | <input type="checkbox"/> Axle Qty. | <input type="checkbox"/> Cargo Body | Vehicle Use                  |
|   |         |                           |           | <input type="checkbox"/> 10,001 - 26K lb. | <input type="checkbox"/> | <input type="checkbox"/> 26K lb.   | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/>     |
| (38) U.S. DOT Number  |         | Vehicle Inspection Number |           | Placard Number                            | Haz. Mat. Class          | Haz. Mat. Involved   | Haz. Mat. Release                  | Interstate Commerce                 |                              |
|   |         | OK                        |           |   |                          |  |                                    | <input type="checkbox"/> Yes        | <input type="checkbox"/> Yes |
|   |         |                           |           |   |                          |  |                                    | <input type="checkbox"/> No         | <input type="checkbox"/> No  |
| (39) Unit   |         | Carrier Name              |           | Address                                   |                          |  |                                    |                                     |                              |
| <input type="checkbox"/>  |         |                           |           |   |                          |  |                                    |                                     |                              |
| (40) City   |         |                           |           | State                                     | Zip                      | <input type="checkbox"/> 0 - 10K lb.   | <input type="checkbox"/> Axle Qty. | <input type="checkbox"/> Cargo Body | Vehicle Use                  |
|   |         |                           |           | <input type="checkbox"/> 10,001 - 26K lb. | <input type="checkbox"/> | <input type="checkbox"/> 26K lb.   | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/>     |
| (41) U.S. DOT Number  |         | Vehicle Inspection Number |           | Placard Number                            | Haz. Mat. Class          | Haz. Mat. Involved   | Haz. Mat. Release                  | Interstate Commerce                 |                              |
|   |         | OK                        |           |   |                          |  |                                    | <input type="checkbox"/> Yes        | <input type="checkbox"/> Yes |
|   |         |                           |           |   |                          |  |                                    | <input type="checkbox"/> No         | <input type="checkbox"/> No  |

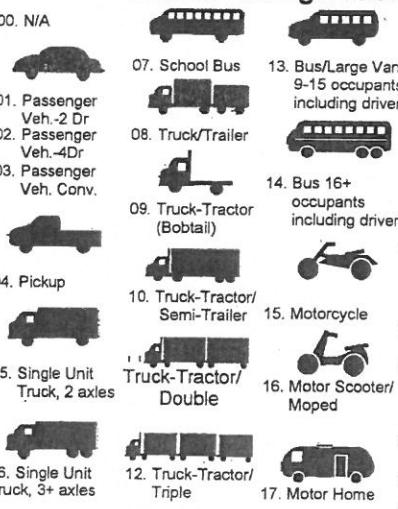
## Position in Vehicle



- 00. Not Applicable
- 18. Front Row - Other
- 28. Second Row - Other
- 38. Third Row - Other
- 48. Fourth Row -Other
- 50. Sleeper Section of Truck Cab

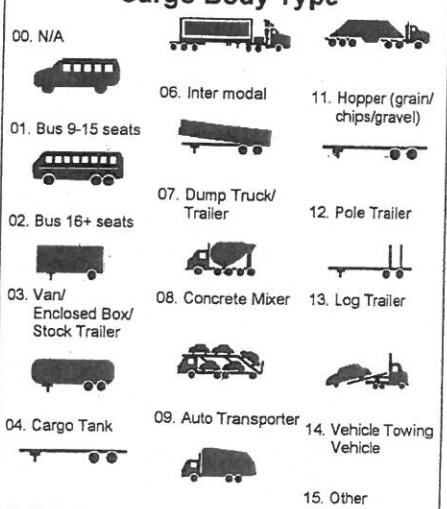
See manual for additional seating examples

## Vehicle Configuration

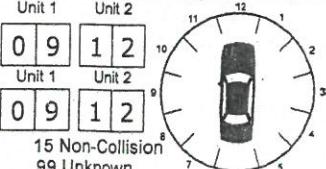


17. Motor Home

### Cargo Body Type



| Unit   | Total Lanes in Roadway |     | Legal Speed |  | Actions Prior to Collision |            | Pedestrian / Pedalcyclist Only |   | Was the collision in or near a construction, maintenance or utility work zone? (if yes, complete this section) |  | Location of the Work Zone Collision |            |   |                |  |  |  |  |  |  |  |
|--|------------------------|-----|-------------|--|----------------------------|------------|--------------------------------|---|--|--|-------------------------------------|------------|---|----------------|--|--|--|--|--|--|--|
|  | 0                      | 1   | 0           | 3  | 2                          | 5          | 0                              | 1   | 0  | 2  | 5                                   | 0          | 1 |                |  |  |  |  |  |  |  |
| This unit will correspond to 'Unit 1'  |                        | 0 1 |             | 0 3  |                            | 2 5        |                                | 0 1   |  | 0 3  |                                     | 2 5        |   |                |  |  |  |  |  |  |  |
| This unit will correspond to 'Unit 2'  |                        | 0 1 |             | 0 3  |                            | 2 5        |                                | 0 1   |  | 0 3  |                                     | 2 5        |   |                |  |  |  |  |  |  |  |
| Light  |                        | 1   |             | What Vehicle Was Going to Do   |                            | Unit 1 0 1 |                                | Unit 2 0 4  |  | Underride/Override   |                                     | Unit 1 0 1 |   | Unit 2 0 1     |  | Type of Work Zone  |  |  |  |  |  |
| 1 Daylight<br>2 Dark-Not Lighted<br>3 Dark-Lighted<br>4 Dawn<br>5 Dusk<br>6 Dark-Unknown Lighting<br>7 Other<br>9 Unknown  |                        | 0 1 |             | 00 Not Applicable<br>01 Go Ahead<br>02 Turn Left<br>03 Turn Right<br>04 Make "U" Turn<br>05 Stop<br>06 Slow for Cause<br>07 Start from Park/Stop<br>08 Change Lanes<br>09 Overtake<br>10 Pass<br>11 Back<br>12 Remain Stopped<br>13 Remain Parked<br>14 Enter/Merge in Traffic<br>15 Negotiate a Curve<br>16 Park<br>17 Other<br>99 Unknown  |                            | 0 1        |                                | 0 4   |  | 0 Not Applicable<br>1 No Underide or Override<br>2 Underide, Compartment Intrusion<br>3 Underide, No Compartment intrusion<br>4 Underide, Compartment Intrusion Unknown<br>5 Override, Motor Vehicle in Transport<br>6 Override, Other Motor Vehicle<br>9 Unknown  |                                     | 0 1        |   | 0 1            |  | 1 Lane Closure<br>2 Lane Shift/Crossover<br>3 Work on Shoulder or Median<br>4 Intermittent or Moving Work<br>9 Unknown |  | 1 Before the First Work Zone Warning Sign<br>2 Advance Warning Area<br>3 Transition Area<br>4 Activity Area<br>5 Termination Area<br>9 Unknown |  |  |  |
| Weather  |                        | 0 3 |             | What Vehicle Did   |                            | Unit 1 0 1 |                                | Unit 2 0 4  |  | Traffic Control  |                                     | Unit 1 0 0 |   | Unit 2 0 0     |  | Workers Present Yes  |  |  |  |  |  |
| 01 Clear<br>02 Fog/Smog/Smoke<br>03 Cloudy<br>04 Rain<br>05 Snow<br>06 Sleet/Hail (Freezing Rain/Drizzle)<br>07 Severe Crosswind<br>08 Blowing Snow<br>09 Blowing Sand, Soil, Dirt<br>10 Other<br>99 Unknown |                        | 0 1 |             | 00 Not Applicable<br>01 Went Ahead<br>02 Turned Left<br>03 Turned Right<br>04 Entered "U" Turn<br>05 Stopped<br>06 Slowed<br>07 Started From Park/Stop<br>08 Entered Other Lane<br>09 Overtaking<br>10 Passing<br>11 Backed<br>12 Remained Stopped<br>13 Remained Parked<br>14 Entered/Merged<br>15 Departed Rdwy-Right<br>16 Departed Rdwy-Left<br>17 Swerved Right<br>18 Swerved Left<br>19 Parked<br>20 Other<br>99 Unknown |                            | 0 1        |                                | 0 4   |  | 00 No Control<br>01 Stop Sign<br>02 Traffic Signal<br>03 Flashing Traffic Signal<br>04 School Zone Signs<br>05 Yield Sign<br>06 Warning Sign<br>07 Railroad Advance Warning Sign<br>08 Railroad Cross Bucks<br>09 Railroad Gates<br>10 Railroad Signal<br>11 No Passing Zone<br>12 Person (including flagger, law enforcement, crossing guard, etc.)<br>13 Abnormal Control<br>14 Other<br>99 Unknown                          |                                     | 0 0        |   | 0 0            |  | Trafficway   |  | 3 3  |  | Unsafe / Unlawful Contributing Factors |  |
| Locality   |                        | 1   |             | What Vehicle Did   |                            | Unit 1 0 1 |                                | Unit 2 0 4  |  | Vehicle Removal  |                                     | Unit 1 2   |   | Unit 2 4       |  | Unit 1 9 8   |  | Unit 2 3 4   |  |  |  |
| 1 Residential<br>2 Business<br>3 Industrial<br>4 School<br>5 Not Built-up<br>6 Mixed Use<br>7 Other<br>9 Unknown   |                        | 0 1 |             | 00 Not Applicable<br>01 Went Ahead<br>02 Turned Left<br>03 Turned Right<br>04 Entered "U" Turn<br>05 Stopped<br>06 Slowed<br>07 Started From Park/Stop<br>08 Entered Other Lane<br>09 Overtaking<br>10 Passing<br>11 Backed<br>12 Remained Stopped<br>13 Remained Parked<br>14 Entered/Merged<br>15 Departed Rdwy-Right<br>16 Departed Rdwy-Left<br>17 Swerved Right<br>18 Swerved Left<br>19 Parked<br>20 Other<br>99 Unknown |                            | 0 1        |                                | 0 4   |  | 00 No Control<br>01 Stop Sign<br>02 Traffic Signal<br>03 Flashing Traffic Signal<br>04 School Zone Signs<br>05 Yield Sign<br>06 Warning Sign<br>07 Railroad Advance Warning Sign<br>08 Railroad Cross Bucks<br>09 Railroad Gates<br>10 Railroad Signal<br>11 No Passing Zone<br>12 Person (including flagger, law enforcement, crossing guard, etc.)<br>13 Abnormal Control<br>14 Other<br>99 Unknown                          |                                     | 0 0        |   | 0 0            |  | Vehicle Condition  |  | 0 0 0  |  |  |  |
| Type of Intersection   |                        | 0   |             | What Vehicle Did   |                            | Unit 1 0 1 |                                | Unit 2 0 4  |  | Road Surface Conditions  |                                     | Unit 1 0 1 |   | Unit 2 0 1     |  | Unit 1 0 0 0   |  | Unit 2 0 0 0   |  |  |  |
| 0 Not an Intersection<br>2 Y-Intersection<br>3 T-Intersection<br>4 Four-Way Intersection<br>5 Five-Point or More<br>6 Intersection as Part of Interchange<br>7 Traffic Circle<br>8 Roundabout<br>9 Unknown   |                        | 0 1 |             | 00 Not Applicable<br>01 Went Ahead<br>02 Turned Left<br>03 Turned Right<br>04 Entered "U" Turn<br>05 Stopped<br>06 Slowed<br>07 Started From Park/Stop<br>08 Entered Other Lane<br>09 Overtaking<br>10 Passing<br>11 Backed<br>12 Remained Stopped<br>13 Remained Parked<br>14 Entered/Merged<br>15 Departed Rdwy-Right<br>16 Departed Rdwy-Left<br>17 Swerved Right<br>18 Swerved Left<br>19 Parked<br>20 Other<br>99 Unknown |                            | 0 1        |                                | 0 4   |  | 00 Not Applicable<br>01 Went Ahead<br>02 Turned Left<br>03 Turned Right<br>04 Entered "U" Turn<br>05 Stopped<br>06 Slowed<br>07 Started From Park/Stop<br>08 Entered Other Lane<br>09 Overtaking<br>10 Passing<br>11 Backed<br>12 Remained Stopped<br>13 Remained Parked<br>14 Entered/Merged<br>15 Departed Rdwy-Right<br>16 Departed Rdwy-Left<br>17 Swerved Right<br>18 Swerved Left<br>19 Parked<br>20 Other<br>99 Unknown |                                     | 0 1        |   | 0 1            |  | Road Character   |  | 0 0 1 5  |  |  |  |
| Visibility Obscured By   |                        | 0 1 |             | 00 Not Applicable<br>01 Trees<br>02 Embankment<br>03 Building<br>04 Signs<br>05 Parked Vehicles<br>06 High Weeds<br>07 Fences<br>08 Shrubbery<br>09 Ice, Snow or Frost on Windows<br>10 Smoke<br>11 Fog<br>12 Dust<br>13 Rain<br>14 Sun<br>15 Other<br>99 Unknown  |                            | 0 1        |                                | 0 3   |  | 00 Not Applicable<br>01 Trees<br>02 Embankment<br>03 Building<br>04 Signs<br>05 Parked Vehicles<br>06 High Weeds<br>07 Fences<br>08 Shrubbery<br>09 Ice, Snow or Frost on Windows<br>10 Smoke<br>11 Fog<br>12 Dust<br>13 Rain<br>14 Sun<br>15 Other<br>99 Unknown  |                                     | 0 1        |   | 0 1            |  | Grade  |  | 0 0 1 5  |  |  |  |
| Incident Type  |                        | 0 0 |             | Visibility Obscured By   |                            | Unit 1 0 1 |                                | Unit 2 0 3  |  | Road Surface Conditions  |                                     | Unit 1 0 1 |   | Unit 2 0 1     |  | Road Character   |  | 0 0 1 5  |  |  |  |
| 00 Not an Incident<br>51 Private Property<br>52 Deliberate Intent<br>53 Medical Condition<br>54 Legal Intervention<br>55 Suicide<br>57 Drowning<br>58 Other  |                        | 0 1 |             | 00 Not Applicable<br>01 Trees<br>02 Embankment<br>03 Building<br>04 Signs<br>05 Parked Vehicles<br>06 High Weeds<br>07 Fences<br>08 Shrubbery<br>09 Ice, Snow or Frost on Windows<br>10 Smoke<br>11 Fog<br>12 Dust<br>13 Rain<br>14 Sun<br>15 Other<br>99 Unknown  |                            | 0 1        |                                | 0 3   |  | 00 Not Applicable<br>01 Trees<br>02 Embankment<br>03 Building<br>04 Signs<br>05 Parked Vehicles<br>06 High Weeds<br>07 Fences<br>08 Shrubbery<br>09 Ice, Snow or Frost on Windows<br>10 Smoke<br>11 Fog<br>12 Dust<br>13 Rain<br>14 Sun<br>15 Other<br>99 Unknown  |                                     | 0 1        |   | 0 1            |  | Grade  |  | 0 0 1 5  |  |  |  |
| Location of First Harmful Event  |                        | 0 1 |             | Driver Distracted By   |                            | Unit 1 0 0 |                                | Unit 2 0 0  |  | Road Surface Type  |                                     | Unit 1 1   |   | Unit 2 1       |  | Road Character   |  | 0 0 1 5  |  |  |  |
| 01 On Roadway<br>02 Shoulder<br>03 Median<br>04 Roadside<br>05 Gore<br>06 Separator<br>07 Parking Lane/Zone<br>08 Off Roadway, Location Unknown<br>09 Outside Right-of-Way<br>10 Other<br>99 Unknown         |                        | 0 1 |             | 00 Not Applicable/None<br>1 Electronic Communication Devices<br>2 Other Electronic Device<br>3 Other Inside Vehicle<br>4 Other Outside Vehicle<br>9 Unknown  |                            | 0 0        |                                | 00 Not Applicable<br>1 Concrete<br>2 Asphalt<br>3 Gravel<br>4 Dirt<br>5 Brick<br>6 Other<br>7 Unknown |  | 0 1  |                                     | 0 1        |   | Road Character |  | 0 0 1 5  |  |  |  |  |  |
| Type of Work Zone  |                        | 1   |             | Emergency Vehicle Responding to an Emergency   |                            | Unit 1 0 0 |                                | Unit 2 0 0  |  | Point of First Contact on Vehicle  |                                     | Unit 1 0 9 |   | Unit 2 1 2     |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 1 Lane Closure<br>2 Lane Shift/Crossover<br>3 Work on Shoulder or Median<br>4 Intermittent or Moving Work<br>9 Unknown   |                        | 1   |             | 0 N/A<br>1 Yes   |                            | 0 0        |                                | 0 N/A<br>1 Yes  |  | 0 N/A<br>1 Yes   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| Location of the Work Zone Collision  |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 1 Before the First Work Zone Warning Sign<br>2 Advance Warning Area<br>3 Transition Area<br>4 Activity Area<br>5 Termination Area<br>9 Unknown   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 14 Activity Area   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 15 Termination Area  |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 16 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 17 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 18 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 19 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 20 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 21 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 22 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 23 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 24 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 25 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 26 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 27 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 28 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 29 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 30 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 31 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 32 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 33 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 34 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 35 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 36 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 37 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 38 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 39 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 40 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 41 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 42 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 43 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 44 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 45 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 46 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 47 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 48 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 49 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 50 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 51 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 52 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 53 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 54 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 55 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 56 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 57 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 58 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 59 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 60 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 61 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 62 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 63 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 64 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 65 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 66 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 67 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 68 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  | 15 Non-Collision<br>99 Unknown   |                                     | 0 9        |   | 1 2            |  | Point of First Contact on Vehicle  |  | 0 0 1 5  |  |  |  |
| 69 Other   |                        | 1   |             | 13 Top<br>14 Undercarriage   |                            | 0 9        |                                | 13 Top<br>14 Undercarriage  |  |  |                                     |            |   |                |  |  |  |  |  |  |  |





Indicate North by Arrow

## COLLISION EVENTS

| Unit | First Event | Second Event | Third Event | Fourth Event | Most Harmful Event |
|------|-------------|--------------|-------------|--------------|--------------------|
| 0 1  | 3 4         |              |             |              |                    |
| Unit | First Event | Second Event | Third Event | Fourth Event | Most Harmful Event |
| 0 2  | 3 4         |              |             |              |                    |

00 Not Applicable  
 10 Overturn/Rollover  
 11 Fire/Explosion  
 12 Immersion  
 13 Jackknife  
 14 Cargo/Equipment  
 15 Equipment Failure (Blown Tire, Brake Failure, etc.)  
 16 Separation of Units  
 17 Departed Road Right  
 18 Departed Road Left  
 19 Cross Median/Centerline  
 20 Downhill Runaway

21 Fell/Jumped From Motor Vehicle  
 22 Thrown Or Falling Object  
 23 Other Non-Collision  
**PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:**  
 30 Pedestrian Pedal  
 31 Cycle  
 32 Railway Vehicle (train, engine)  
 33 Animal  
 34 Motor Vehicle in Transport  
 35 Parked Motor  
 36 Vehicle Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

|  |     |
|--|-----|
| First Harmful Event for the Entire Collision | 3 4 |
|  | 3 4 |

37 Work Zone/Maintenance Equipment  
 38 Other Non-Fixed Object  
**FIXED OBJECT:**  
 40 Barrier (Cable)  
 41 Barrier (Concrete)  
 42 Barrier (Other)  
 43 Fence Pole  
 44 Fence  
 45 Traffic Signal Support  
 46 Traffic Sign Support  
 47 Utility Pole/Light Support  
 48 Other Post/Pole/Support  
 49 Guardrail/Guardrail Face  
 50 Guardrail End  
 51 Culvert  
 52 Curb  
 53 Island  
 54 Sand Barrels  
 55 Impact Attenuator/ Crash Cushion

56 Pavement Drop-Off  
 57 Ditch  
 58 Embankment  
 59 Tree (Standing)  
 60 Dividing Strip  
 61 Retaining Wall  
 62 Bridge Abutment  
 63 Bridge Pier or Support  
 64 Bridge Rail  
 65 Bridge Post  
 66 Bridge Curb  
 67 Bridge Super Structure (Beams)  
 68 Bridge Overhead Structure  
 69 Delineator  
 70 Mailbox  
 71 Other Fixed Object  
 72 Other Highway Structure  
 73 Ground  
 99 Unknown

## Remarks

Unit #1 was south bound on Belmar Cir. Unit #2 (animal control unit) was making a U-turn on the cutover in front of the guard shack on Belmar Cir. Neither driver could see the other unit due to trees and guard shack. The front of unit #2 struck the left side of unit #2 at the drivers door.

Unit #1 was towed to a body shop at owners request and driver #1 was taken to medical facility by a relative to be checked over. Driver #1 stated that she had a bump on her head and that her knee was sore.

POI was approx. 8' east of the west curbline of Belmar Cir. and approx. 58' north of the north curbline of Indian Hills Rd.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.



Indicate North  
by Arrow