

**Lee County Board of County Commissioners  
Agenda Item Summary**

**Blue Sheet No. 20030883**

**1. REQUESTED MOTION:**

**ACTION REQUESTED:** Request approval of settlement offer and authorize Chairman to execute a Release of Property Damage Claim with Ocean Harbor Casualty Insurance Company and Leroy R. Noonan, as 100% recovery for damages to Lee County property totaling \$484.06.

**WHY ACTION IS NECESSARY:** Board of County Commissioners approval is required for settlement offers and execution of Release and Assignment of All Claims to complete the transaction with Ocean Harbor Casualty Insurance Company for their payment.

**WHAT ACTION ACCOMPLISHES:** Releases Ocean Harbor Casualty Insurance Company and their client, Leroy R. Noonan, from any further liability to Lee County arising out of a traffic accident on July 1, 2001. The \$484.06 payment represents a 100% recovery of the damages for Lee County.

**2. DEPARTMENTAL CATEGORY:**  
COMMISSION DISTRICT # C12A

**3. MEETING DATE:** 08-19-2003

**4. AGENDA:**

CONSENT  
 ADMINISTRATIVE  
 APPEALS  
 PUBLIC  
 WALK ON  
 TIME REQUIRED:

**5. REQUIREMENT/PURPOSE:**  
(Specify)

STATUTE  
 ORDINANCE  
 ADMIN. CODE  
 OTHER  
 Settlement offer & execution of  
 Release of Property Damage Claim

**6. REQUESTOR OF INFORMATION:**

A. COMMISSIONER  
 B. DEPARTMENT County Attorney  
 C. DIVISION General Services

BY: Scott S. Coover  
Assistant County Attorney

**7. BACKGROUND:**

On July 1, 2001, Leroy R. Noonan was involved in a traffic accident causing \$484.06 in damages to a Lee County Department of Transportation (DOT) guardrail. The accident report indicated Mr. Noonan was insured by Cash Register Auto Insurance Company. Lee County DOT Reclamation was unable to collect damages from Cash Register Insurance since Mr. Noonan's policy expired May 2001; file was forwarded to the Lee County Attorneys Office for collection. Lee County Attorneys Office was able to locate and contact Mr. Noonan's auto insurance carrier (Ocean Harbor Casualty Insurance Company) for the accident period.

(Continued on Page 2)

**8. MANAGEMENT RECOMMENDATIONS:**

**9. RECOMMENDED APPROVAL:**

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
<u>7/31/03</u> <i>[Signature]</i>		N/A	N/A	<i>[Signature]</i> 7/29/03	OA 8/1/03	OM 8/5/03	RISK 8/1/03	GC 8/4/03	<i>[Signature]</i> 8-6-03

**10. COMMISSION ACTION:**

\_\_\_\_\_ APPROVED  
 \_\_\_\_\_ DENIED  
 \_\_\_\_\_ DEFERRED  
 \_\_\_\_\_ OTHER

Rec. by CoAtty  
 Date:  
 Time:  
 Forwarded To:  
CO. ADM. 1  
8/31/03

RECEIVED BY  
 COUNTY ADMIN *[Signature]*  
8/1/03  
 COUNTY ADMIN  
 FORWARDED TO *[Signature]*  
8/6/03

08/10/03

**Blue Sheet #:** 20030883

**Page No.:** 2

**Subject:** Release of Property Damage Claim

**7. BACKGROUND:** (Continued)

Ocean Harbor Casualty Insurance Company investigated the accident and has agreed to pay 100% of the damages in return for Release of Property Damage Claim.

**ATTACHMENTS:**

(3) - Original Release of Property Damage Claim between Ocean Harbor Casualty Insurance Company and Lee County Board of County Commissioners

Correspondence from Ocean Harbor Casualty Insurance Company requesting release

Lee County DOT Invoice

Traffic Crash Report

## **RELEASE OF CLAIMS**

Ocean Harbor Casualty Insurance Company Claim Number: S1107A21-02-14

The **LEE COUNTY GOVERNMENT**, a political subdivision of the State of Florida, (herein after referred to as "Claimant") for the sole consideration of the payment of Four Hundred Eighty Four Dollars and Six Cents (\$484.06) in receipt of which is hereby acknowledged, release and forever discharge **OCEAN HARBOR CASUALTY INSURANCE COMPANY**, and Leroy R. Noonan (their/his/her), agents and servants, and all other persons, firms and corporations, associations or partnerships of and from any and all actions, claims and demands whatsoever for property damage which Claimant now has, or may hereafter have, account of, or arising out of, the accident, casualty or event which occurred on or about the 1<sup>st</sup> day of July 2001, at or near Fort Myers, Florida. In-as-much as all of the Claimant's property damage may not now be fully known and hence may be more severe than is now expected, Claimant agrees, as a further consideration for said sum, that this Release applies to all property damage resulting from said accident, casualty or event, even though now unanticipated, unexpected and unknown, as well as to all property damage which has already developed and which is now known or anticipated.

Claimant, as a further consideration for said sum warrants that no promise or agreement not herein expressed has been made to Claimant; that in executing Release, Claimant is relying upon statement or representation made by the party or parties hereby released or any said party or parties, agents, or representatives concerning the nature, extent or duration of the said damages, and/or legal liability therefore, or concerning any other thing or matter, but is relying solely upon Claimant's own judgement; that the above mentioned sum to be received by Claimant is over eighteen (18) years of age and legally competent to execute this Release and that before signing and sealing this Release, Claimant has fully informed himself of its contents and meaning and has executed it with full knowledge thereof.

IN WITNESS WHEREOF, Claimant has read the foregoing, fully understands its content and has hereunto set his hand and seal.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2003.

ATTEST: CHARLIE GREEN  
CLERK OF COURTS

BOARD OF COUNTY COMMISSIONERS  
OF LEE COUNTY, FLORIDA

BY: \_\_\_\_\_  
Deputy Clerk

BY: \_\_\_\_\_  
Chairman

APPROVED AS TO FORM:

BY: \_\_\_\_\_  
Office of the County Attorney

OCEAN HARBOR CASUALTY INS CO

P.O. Box 452799  
Sunrise, FL 33316-9966  
954 | 716-2482 Fax: 954 | 766-1199

2003 JUL 28 PM 12:20  
RECEIVED BY  
LEE CO. ATTORNEY

July 16, 2003

Lee County  
Board of County Commissioners  
P.O. Box 398  
Fl. Myers FL 33902-0398

Attn:

RE: Your Claim #:  
Our File #: S1107A21-02-14  
Date of loss: July 1, 2001

Dear Mr. Sirs:

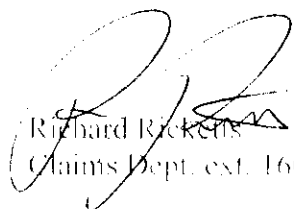
Please be advised that we concluded our investigation into the above captioned claim. Accordingly, we have concluded liability at 100%.

Attached, please find our release in the amount of \$484.06. Said amount represents 100% of your insured's damages.

Please execute said release and forward it back to us in order that we may settle this claim.

Should you have any further questions regarding this matter, please feel free to contact the undersigned.

Respectfully,

  
Richard Ricketts  
Claims Dept. ext. 160

2003 JUL 23 PM 1:16



**LEE COUNTY**  
SOUTHWEST FLORIDA

**Invoice**

<b>BILL TO</b>
Leroy R Noonan 5642 Rainbow Drive Pine Island, Fl 33922

<b>FROM</b>
LEE COUNTY DOT RECLAMATION 1500 Monroe Street Fort Myers, FL 33901 941-479-8533

<b>DATE</b>	<b>INVOICE #</b>	<b>TERMS</b>	<b>CERFIFIED MAIL - RET...</b>
11/19/2001	1503	Net 30	

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Report #	Florida Traffic Crash Report # 01428628		484.06	484.06
Damage	Damage -- Guardrail			
Date	Date -- 7/1/01			
Insurance	If you have insurance, please forward this information to your insurance representative.			
Statement	In the event that you or your representative do not respond to this request within (30) days, the County will be forced to take further action. Such action could result in suspension of your license, pursuant to Chapter 324, Florida Statutes.			

Make Checks Payable to: LEE COUNTY BOARD OF COUNTY COMMISSIONERS FEDERAL I.D. #59-6000702	<b>TOTAL</b>	\$484.06
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Please Remit To:  
Lee County Comm. Dev./Public Works Center  
1500 Monroe Street

# Area Billing

Area #: 28 Pine Island

Project Cost: **\$484.06**

From: Wednesday, August 29, 2001

To: Wednesday, August 29, 2001

<b>Date:</b> 8/29/20 23262	<b>Crew</b> 0600107 Bogenrider/Busbee	<b>Cost Account</b> 0363205 All Guardrail Repair	<b>Work Order Cost</b> \$484.06 <b>Comments:</b> 24 Linear Feet PINE ISLAND RD. FIX ACCIDENT SITE
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<i>Equipment</i>		<i>Sub Total: \$21.54</i>
19850 Pick Up	3	\$21.54
<i>Labor</i>		<i>Sub Total: \$338.02</i>
2705 James Bogenrieder	3	\$105.72
3226 Steven Thorp	3	\$78.07
3789 Ruben Gonzalez	3	\$73.43
3973 Noe Cisneros Jr	3	\$78.80
<i>Materials/Misc.</i>		<i>Sub Total: \$126.50</i>
Panels, Straight, 12' 6"	2	\$126.50

06-0-0107  
Crew Sheet

RFA #  
Cost Account  
Street  
Location

WED  
Date  
**8/29/01**

	A	B	C	D	F	G	Other	Total
		23262						
	3-63-205	3-63-205	3-14-Bas	3-60in20	1-60-270	3-60-220		
	STRIPED	PIPE IS	SUBALIN	DRAVAD	N-F-M	S.R. 75		
	120043	P.O.E ISLAND	2 JORDN MOORE	124050 " 51	slater Rd.	120050		
Production Qty	24	24	1	2	6	1		
Unit of Measure	LINE FT	LINE FT	EC	EC	FT WELD	Each		
Special Project	2100	2100	2300					
Area	28	28	30	30	26	25		
Chris Davis	2572		5	5				10
James Bogenrider	2705	3	3	4				10
Doug Busbee	2665				5	5		10
Noe Cisneros	3973	3	3	4				10
Chad Frahm	3364			5	5			10
Ruben Gonzalez	3786	3	3	4				10
Sam Norton	3184				5	5		10
Rick Pakosky	4115			5	5			10
Steven Thorp	3226	3	3	4				10
Kevin Troyer	2112				5	5		10
00 Ford Pickup	19854				5	5		
Barge Trailer	31789							
95 IHC 4x2 Dump	19553							
00 Ford Spray Truc	19907							
85 Cat Trailer	16201							
00 Ford Pickup	19937							
91 Ford Pickup	19331					5		
84 Ingersol Rand A	16141							
94 Ford Tractor	19528							
00 Ford Pickup	19850	3	3	4				
99 Chevy Pick Up	19729			5	5			
94090	1							
94088	1	2						
18386			4					
11473			4					
98900				2290	4 10.00			
19219			5	5				
Comments:	<p>REPLACE GUARD RAIL That was damaged fix accident site</p> <p>GRAVEL SPILL</p> <p>Seal cracks on bridge <del>spillage</del></p> <p>Metal fabrication on Bruce 5 Trucks Equip 19869-19425-31994 water line at Matthews</p>							

Supervisor : \_\_\_\_\_



- 1.  LAW ENFORCEMENT SHORT FORM REPORT
- 2.  DRIVER REPORT OF TRAFFIC CRASH
- 3.  DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

*Property*

DATE OF CRASH <i>07/01/07</i>	TIME OF CRASH <i>0700</i>	TIME OFFICER NOTIFIED <i>0700</i>	TIME OFFICER ARRIVED <i>0714</i>	INVEST. AGENCY REPORT NUMBER <i>07-164428</i>	HSMV CRASH REPORT NUMBER <i>01428628</i>
COUNTY/CITY CODE <i>18</i>	CITY OR TOWN <i>Pine Island</i>	COUNTY <i>Lee</i>			
AT NODE NO. <i>1</i>	FROM NODE NO.	NEXT NODE NO. ON ROAD <i>2</i>	NO. OF LANES <i>2</i>	<input type="checkbox"/> DIVIDED	ON STREET, ROAD OR HIGHWAY <i>Pine Island Rd</i>
AT INTERSECTION OF	OF INTERSECTION OF <i>H. Shinnelbow Rd</i>				

YEAR <i>05</i>	MAKE <i>Chrysler</i>	TYPE (car, truck, bicycle, etc.) <i>Truck</i>	VEHICLE LICENSE TAG NO. <i>1A200</i>	STATE <i>FL</i>	YEAR <i>05</i>	VEHICLE IDENTIFICATION NUMBER <i>2GCEK19414C1179278</i>
OWNER'S FULL NAME (Check if Same as Driver <input checked="" type="checkbox"/> <i>Robert Norman SR</i>		ADDRESS (Number and Street) <i>5642 Rainbow Drive Pine Island 33922</i>		CITY AND STATE <i>Pine Island FL</i>		ZIP CODE <i>33922</i>
DRIVER (Exactly as on Driver's License) / PEDESTRIAN <i>Robert Norman SR</i>		ADDRESS (Number and Street) <i>5642 Rainbow Drive Pine Island 33922</i>		CITY AND STATE <i>Pine Island FL</i>		ZIP CODE <i>33922</i>
DRIVER'S LICENSE NUMBER <i>1A30-536-79-050-0</i>		STATE <i>FL</i>	LIC. TYPE <i>E</i>	DATE OF BIRTH <i>02/10/1967</i>	RACE <i>M</i>	SEX <i>M</i>
DRIVER / PEDESTRIAN HOME PHONE <i>292-0540</i>		DRIVER / PEDESTRIAN BUSINESS PHONE <i>292-357-5519</i>		VEHICLE REMOVED BY: <i>City Court</i>		EST. AMOUNT OF DAMAGE <i>1500.00</i>
PASSENGER'S NAME <i>None</i>		ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE <i>33922</i>

YEAR	MAKE	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER
OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>		ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE
DRIVER (Exactly as on Driver's License) / PEDESTRIAN		ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE
DRIVER'S LICENSE NUMBER		STATE	LIC. TYPE	DATE OF BIRTH	RACE	SEX
DRIVER / PEDESTRIAN HOME PHONE		DRIVER / PEDESTRIAN BUSINESS PHONE		VEHICLE REMOVED BY:		EST. AMOUNT OF DAMAGE
PASSENGER'S NAME		ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE

YEAR	MAKE	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER
OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>		ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE
DRIVER (Exactly as on Driver's License) / PEDESTRIAN		ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE
DRIVER'S LICENSE NUMBER		STATE	LIC. TYPE	DATE OF BIRTH	RACE	SEX
DRIVER / PEDESTRIAN HOME PHONE		DRIVER / PEDESTRIAN BUSINESS PHONE		VEHICLE REMOVED BY:		EST. AMOUNT OF DAMAGE
PASSENGER'S NAME		ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE

VIOlator	FL STATUTE NUMBER	NAME	CHARGE	VIOLATION #
<b>RECEIVED</b>				
Date entered: _____ Entered by: _____ Copied by: _____ Filed by: _____				
Checked by: _____ Date: _____				
<b>DOT Operations</b>				
PROPERTY DAMAGED - Other than vehicles <i>Ground rest</i>	EST. AMOUNT OF DAMAGE <i>500.00</i>	OWNER - Name <i>Lee County DOT</i>	Address - Name and Street <i>Lee County</i>	City / State / Zip <i>Lee County</i>
WITNESSES (Other than PASSENGERS) <i>None</i>				
RANK AND SIGNATURE OF OFFICER <i>[Signature]</i>	INVESTIGATING OFFICER	ID. / BADGE NO. <i>90-200</i>	DEPARTMENT <i>1050</i>	<input type="checkbox"/> FIP <input type="checkbox"/> CPD <input checked="" type="checkbox"/> SO <input type="checkbox"/> OTHER

DIAGRAM\*

INDICATE NORTH WITH ARROW

Date entered 7-5-01  
 Entered by SM Copied by SM Filed by: \_\_\_\_\_  
 Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

2001 JAN 02 AM 0:12

0000111  
 9082000

The driver stated that he was west bound on Pine Island Rd approaching the bridge on the 500' block when a large animal crossed in front of his vehicle causing him to drive off the road and then get caught. The vehicle then struck the west bound guard-rail. The driver then walked home reporting the accident at 10:34 AM. Accident occurred sometime around 0700 AM.

CONTRIBUTING CAUSES - DRIVER / PED.			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE FUNCTIONS		
01 No Improper Driving / Action	1	2	3	01 No Defects	1	2	3	01 Straight Ahead	1	2	3
02 Careless Driving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 Def. Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 Slowing / Sloped Stalled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 Failed to Yield Right-of-Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Worn / Smooth Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Making Left Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 Improper Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Defective / Improper Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 Improper Lane Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Puncture / Blowout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Making Right Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 Improper Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 Steering Mech.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 Changing Lanes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 Alcohol-Under Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 Entering / Leaving Parking Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 Drugs-Under Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08 Equipment / Vehicle Defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08 Properly Parked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 Alcohol & Drugs-Under Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09 Equipment / Vehicle Defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09 Improperly Parked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Followed Too Closely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Making U-Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Making U-Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Disregarded Traffic Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Disregarded Traffic Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Exceeded Safe Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Exceeded Safe Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Driverless or Runaway Veh.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Disregarded Stop Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 Disregarded Stop Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 All Other (Explain in Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Failed to Maintain Equip. / Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 Failed to Maintain Equip. / Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 All Other (Explain in Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 All Other (Explain in Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Drove Left of Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 Drove Left of Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 All Other (Explain in Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Exceeded Stated Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 Exceeded Stated Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 All Other (Explain in Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Obstructing Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 Obstructing Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 All Other (Explain in Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRST / SUBSEQUENT HARMFUL EVENT			LOCATION ON ROADWAY			PEDESTRIAN ACTION			LOCATION TYPE		
01 Collision With MV in Transport (Rear End)	1	2	3	01 On Road	1	2	3	01 Crossing Not at Intersection	1	2	3
02 Collision With MV in Transport (Head-On)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 Not On Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 Crossing at Mid-block Crosswalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 Collision With MV in Transport (Angle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Crossing at Intersection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 Collision With MV in Transport (Left Turn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Median	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Walking Along Road With Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 Collision With MV in Transport (Right Turn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Turn Lane / Safety Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Working Along Road Against Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 Collision With MV in Transport (Sideswipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 Safety Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 Working on Vehicle / Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 Collision With MV in Transport (Backed Into)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 Safety Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 Other Working in Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 Collision With Parked Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08 Safety Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08 Standing / Playing in Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 Collision With MV on Other Roadway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09 Safety Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09 Standing in Pedestrian Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Collision With Pedestrian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Safety Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Standing in Pedestrian Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Collision With Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Safety Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Standing in Pedestrian Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Collision With Bicycle (Bike Lane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Safety Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Standing in Pedestrian Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Collision With Moped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 Safety Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 Standing in Pedestrian Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Collision With Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 Safety Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 Standing in Pedestrian Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRIBUTING CAUSES - ROAD			CONTRIBUTING CAUSES - ENVIRONMENT			TRAFFIC CONTROL			SITE LOCATION			TRAFFICWAY CHARACTER			
01 No Defects	1	2	3	01 Vision Not Obscured	1	2	3	01 No Control	1	2	3	01 Straight-Level	1	2	3
02 Obstruction With / Without Warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 Inclement Weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 School Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 Straight-Upgrade / Downgrade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 Road Under Repair / Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Parked / Stopped Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Traffic Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Curve-Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 Loose Surface Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Trees / Crops / Bushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Stop Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Curve-Upgrade / Downgrade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 Shoulders - Soft / Low / High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Load on Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Yield Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Type Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 Holes / Ruts / Unsafe Paved Edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 Building / Fixed Object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 Flashing Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 Private Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 Standing Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 Signs / Billboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 Railroad Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 All Other (Explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 Worn / Poished Road Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08 Fog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08 Officer / Guard / Flagman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08 Private Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 All Other (Explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09 Smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09 Posted No U-Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09 Private Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>