



TRAFFIC CRASH REPORT

Local Report # *
10-016

Crash Severity
3 1 Fatal 3 PDO
2 Injury 4 Unknown

Private Property
If Yes

Hit / Skip
1 1 Not Hit / Skip
2 Solved
3 Unsolved

Photos Taken
If Yes

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # *
08301

Reporting Agency *
Franklin Police Department

Units
03

Unit Error
01 98 = Animal
99 = Unknown

Date of Crash *
01112010

Time of Crash **1723** Day of Week **MON** City * **X** Village * TWP * Name (Of City, Village or Township) * **Franklin** County # * **83** Latitude Longitude

CRASH OCCURRED ON
Prefix Crash Location **ST RT 73** Type Loc Type Location Point Used
1 Named Street 3 Numbered Route
2 Numbered Street LOCAL INFORMATION
I-75

AT / REFERENCE
Dist Reference DR Prefix Reference Ref Point Reference Point Used
01 State Line 04 House Number 08 Place Name W/O Reference
02 Intersection 2 Streets 05 Township Boundary 09 Driveway
03 County Line 06 Mile Post 10 Street or Route W/O Reference
07 Corporation Limit

Unit # **A 01 01** # of Occ. Name (Last, First, Middle)
DUFFY DONALD L

Address (Street, City, State, Zip Code)
1241 CHALET DR NEW CARLISLE OH 45344

Social Security Number Date of Birth Age Sex Home Phone # Work Phone #
03231954 55 M (937) 849-6737

DL State DL # LP State LP # Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured/Taken To

Owner Name (if same, write "SAME") Address (Street, City, State, Zip Code)

Year Make Model Color Insurance Company Towing Service Owner Phone #
1996 DODG RAM BLK Nationwide Ins Co

Offense Charged Offense Description Citation # Local Code? 'X' if Yes
333.03A Assured Clear Distance Ahead 52721 X

Unit # **B 02 01** # of Occ. Name (Last, First, Middle)
HILL BONNIE S

Address (Street, City, State, Zip Code)
1524 FLESHER AV KETTERING OH 45420

Social Security Number Date of Birth Age Sex Home Phone # Work Phone #
12101953 56 F (937) 258-0584

DL State DL # LP State LP # Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured/Taken To

Owner Name (if same, write "SAME") Address (Street, City, State, Zip Code)
HILL JOHN R 1524 FLESHER AV KETTERING OH 45420

Year Make Model Color Insurance Company Towing Service Owner Phone #
2005 CHEV MAL BLK State Farm Ins Co

Offense Charged Offense Description Citation # Local Code? 'X' if Yes

Unit # **C** # of Occ. Name (Last, First, Middle) Home Phone # Date of Birth Age Sex

Address (Street, City, State, Zip Code) Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured Taken To

Unit # **D** # of Occ. Name (Last, First, Middle) Home Phone # Date of Birth Age Sex

Address (Street, City, State, Zip Code) Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured Taken To

01 Seating Position
01 Front - Left (MC Driver)
02 Front - Middle
03 Front - Right
01 04 Second - Left (MC Pass)
05 Second - Middle
06 Second - Right
07 Third - Left
08 Third - Middle
09 Third - Right
10 Sleeper Section Of Cab
11 Enclosed Cargo Area
12 Unenclosed Cargo Area
13 Trailing Unit
14 Exterior
15 Other
16 Non-Motorist
17 Unknown

04 Safety Equipment Motorist
01 None Used
02 Shoulder Belt Only
03 Lap Belt Only
04 04 Shoulder /Lap Belt
05 Child Safety Seat
06 MC Helmet Used
07 Use Unknown
Non-Motorist
08 Non Used
09 Helmet Used
10 Protective Pads
11 Reflective Clothing
12 Lighting
13 Other
14 Unknown



1 Air Bag
1 Not Deployed
2 Deployed-Front
1 3 Deployed-Side
4 Deployed Both Front/Side
5 Not Applicable
6 Unknown



4 Air Bag Switch
1 Not Present
2 In On Position
3 In Off Position
4 4 Unknown

1 Ejection
1 Not Ejected
2 Totally Ejected
3 Partially Ejected
1 4 Not Applicable
5 Unknown



1 Trapped
1 Not Trapped
2 Extricated By Mechanical Means
1 3 Freed BY Non-Mechanical Means
4 Unknown

1 Injuries
1 No Injury
2 Possible
1 3 Non-Incapacitating
4 Incapacitating
5 Fatal Injury
6 Unknown

Unit Numbers
 



Non-Motorist Location
 

01 Marked Crosswalk At Intersection
 02 Intersection/ No Crosswalk
 03 Non-Intersection Crosswalk
 04 Driveway Access Crosswalk
 05 In Roadway
 06 Not In Roadway
 07 Median (But Not Shoulder)
 08 Island
 09 Shoulder
 10 Sidewalk
 11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
 12 Beyond 10 Feet Of Roadway (Within Trafficway)
 13 Outside Trafficway
 14 Shared Use Paths Or Trails
 15 Unknown



Type Of Unit
 

Motorist
 01 Sub-Compact
 02 Compact
 03 Mid Size
 04 Full Size
 05 Minivan
 06 Sport Utility Vehicle
 07 Pickup
 08 Panel/Van
 09 Single Unit Truck; 2 Axles, 6 Tires
 10 Single Unit Truck; 3+ Axles
 11 Truck/Trailer
 12 Truck Tractor (Bobtail)
 13 Tractor/Semi-Trailer
 14 Tractor/Double Short
 15 Tractor/Double Long
 16 Fifth Wheel Or Converter Dolly
 17 Tractor/Triples
 18 Motorcycle
 19 Motorized Bicycle
 20 School Bus
 21 Church Bus
 22 Public Bus
 23 Other Bus
 24 Police Vehicle
 25 Fire Truck
 26 Ambulance/Rescue
 27 Taxi
 28 Motor Home
 29 Train
 30 Farm Vehicle
 31 Farm Equipment
 32 Snowmobile
 33 Construction Equipment
 34 All Others

Non-Motorist
 35 Animal W/Rider
 36 Animal W/Buggy
 37 Bicycle
 38 Pedestrian
 39 Pedalcyclist
 40 Skater
 41 Other-Non Motorist
 42 Unknown

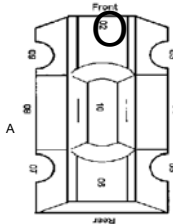
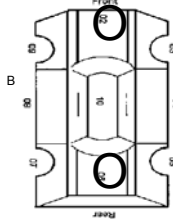
In Emergency Response
 



1 No
 2 Yes
 3 Unknown

Damage Scale
 



1 None
 2 Non-Functional Damage
 3 Functional Damage
 4 Disabling Damage
 5 Severe
 6 Unknown

Damage Area






Most Damaged Area
 



01 None
 02 Center Front
 03 Right Front
 04 Right Side
 05 Right Rear
 06 Rear Center
 07 Left Rear
 08 Left Side
 09 Left Front
 10 Top And Windows
 11 Undercarriage
 12 Load / Trailer
 13 Total (All Areas)
 14 Other
 15 Unknown

Point Of Impact
 



01 None
 02 Center Front
 03 Right Front
 04 Right Side
 05 Right Rear
 06 Rear Center
 07 Left Rear
 08 Left Side
 09 Left Front
 10 Top And Windows
 11 Undercarriage
 12 Load/Trailer
 13 Total (All Areas)
 14 Other
 15 Unknown

Action
 



1 Non-Contact
 2 Non-Collision
 3 Striking
 4 Struck
 5 Both Striking And Struck
 6 Unknown

Striking Vehicle: Override/ Underride
 

1 No Underride Or Override
 2 Underride, Compartment Intrusion
 3 Underride, No Compartment Intrusion
 4 Underride, Compartment Intrusion Unknown
 5 Override, Motor Vehicle In Transport
 6 Override , Other Vehicle
 7 Unknown



Vehicle Defect Code Only If '19' Selected Above
 

01 Turn Signals
 02 Head Lamps
 03 Tail Lamps
 04 Brakes
 05 Steering
 06 Tire Blowout
 07 Worn Or Slick Tires
 08 Trailer Equipment Defective
 09 Motor Trouble
 10 Disabled From Prior Crash
 11 Other Defects

Pre-Crash Actions
 



Motorist
 01 Movements Essentially Straight Ahead
 02 Backing
 03 Changing Lanes
 04 Overtaking/Passing
 05 Turning Right
 06 Turning Left
 07 Making U-Turn
 08 Entering Traffic Lane
 09 Leaving Traffic Lane
 10 Parked
 11 Slowing/Stopped In Traffic
 12 Driverless
 13 Other
 14 Unknown

Non-Motorist
 15 Entering/Crossing In Specified Location
 16 Walking, Running, Jogging, Playing, Cycling
 17 Working
 18 Pushing Vehicle
 19 Approaching/Leaving Vehicle
 20 Playing/Working On Vehicle
 21 Standing
 22 Other
 23 Unknown





Contributing Circumstances
 







Motorist
 01 None
 02 Failure To Yield
 03 Ran Red Light, Or Stop Sign
 04 Exceeded Speed Limit
 05 Unsafe Speed
 06 Improper Turn
 07 Left of Center
 08 Followed Too Closely/ACDA
 09 Improper Lane Change/
 Drove Off Road/
 Improper Passing
 10 Improper Backing
 11 Improper Start From Parked Position
 12 Stopped or Parked Illegally
 13 Operating Vehicle In Erratic, Reckless, Careless, Negligent or Aggressive Manner
 14 Swerving to Avoid (Due to Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
 15 Failure To Control
 16 Vision Obstruction
 17 Driver Inattention
 18 Fatigue/Asleep
 19 Operating Defective Equipment
 20 Load Shifting/Falling/Spilling
 21 Other Improper Action
 22 Unknown

Non-Motorist
 23 None
 24 Improper Crossing
 25 Darting
 26 Lying And/Or Illegally In Roadway
 27 Failure To Yield Right Of Way
 28 Not Visible (Dark Clothing)
 29 Inattentive
 30 Failure to Obey Traffic Signs, Signals, Or Officer
 31 Wrong Side Of The Road
 32 Other
 33 Unknown

Vehicle Defect Code Only If '19' Selected Above
 

01 Turn Signals
 02 Head Lamps
 03 Tail Lamps
 04 Brakes
 05 Steering
 06 Tire Blowout
 07 Worn Or Slick Tires
 08 Trailer Equipment Defective
 09 Motor Trouble
 10 Disabled From Prior Crash
 11 Other Defects

Sequence Of Events
 A  
 B  



Non-Collision
 01 Overtum/Rollover
 02 Fire/Explosion
 03 Immersion
 04 Jackknife
 05 Cargo/Equipment Loss/Shift
 06 Equipment Failure
 07 Separation Of Units
 08 Ran Off Road Right
 09 Ran Off Road Left
 10 Cross Median/Centerline
 11 Downhill Runaway
 12 Other Non-Collision
 13 Unknown Non-Collision

Collision w/ Person, Vehicle, Or Object Not Fixed
 14 Pedestrian
 15 Pedalcycle
 16 Railway Vehicle
 17 Animal - Farm
 18 Animal - Deer
 19 Animal - Other
 20 Motor Vehicle In Transport
 21 Parked Motor Vehicle
 22 Work Zone Maintenance Equipment
 23 Other Movable Object
 24 Unknown Movable Object



Collision with Fixed Object
 25 Impact Attenuator/Crash Cushion
 26 Bridge Overhead Structure
 27 Bridge Pier Or Abutment
 28 Bridge Parapet
 29 Bridge Rail
 30 Guardrail Face
 31 Guardrail End
 32 Median Barrier
 33 Highway Traffic Sign Post
 34 Overhead Sign Post
 35 Light/Luminaries Support
 36 Utility Pole
 37 Other Post, Pole Or Support
 38 Culvert
 39 Curb
 40 Ditch
 41 Embankment
 42 Fence
 43 Mailbox
 44 Tree
 45 Other Fixed Object
 46 Work Zone Maintenance Equipment
 47 Unknown Fixed Object
 48 Other
 49 Unknown

First Harmful Event
 





Of the Sequence of Events - Which one is the First Harmful Event (1-4)


Most Harmful Event
 



Of the Sequence of Events - Which One is the Most Harmful event (1-4)

Speed Detected
 



1 Stated
 2 Estimated Speed

Speed
 
 



Posted Speed
 

Traffic Control
 



01 No controls
 02 Stop Sign
 03 Yield Sign
 04 Traffic Signal
 05 Traffic Flashers
 06 School Zone
 07 Railroad Crossbucks
 08 Railroad Flashers
 09 Railroad Gates
 10 Construction Barricade
 11 Police Officer
 12 Pavement Markings
 13 Crosswalk Lines
 14 Walk/Don't Walk Signal
 15 Traffic Control Device Inoperative, Missing, Obscured
 16 Other

Direction
 From To From To
 



1 North
 2 South
 3 East
 4 West
 5 Northeast
 6 Northwest
 7 Southeast
 8 Southwest
 9 Unknown

Condition
 



1 Apparently Normal
 2 Physical Impairment
 3 Emotional
 4 Illness
 5 Fell Asleep, Fainted, Fatigued, Etc.
 6 Under The Influence Of Medications/Drugs/Alcohol
 7 Other
 8 Unknown

Alcohol/Drug Suspected
 





1 None
 2 Yes-Alcohol Suspected
 3 Yes-HBD Not Impaired
 4 Yes-Drugs Suspected
 5 Yes-Alcohol / Drugs Suspected
 6 Unknown



Alcohol Test Status
 

1 None
 2 Test Refused
 3 Test Given, Contaminated Sample/Unusable
 4 Test Given, Results Known
 5 Test Given, Results Unknown
 6 Unknown



Alcohol Test Type
 

1 None
 2 Blood
 3 Urine
 4 Breath
 5 Other



Alcohol Test Result
 
 

Drug Test Status
 


1 None
 2 Test Refused
 3 Test Given, Contaminated Sample/Unusable
 4 Test Given, Results Known
 5 Test Given, Results Unknown
 6 Unknown

Drug Test Type
 

1 None
 2 Blood
 3 Urine
 4 Other

Drug Test 1&2 Result
 


1 None
 2 Marijuana
 3 Cocaine
 4 Opiates
 5 Amphetamines
 6 PCP
 7 Other
 8 Unknown at Time Of Reporting

Type of Intersection




01 Not An Intersection
 02 Four-Way Intersection
 03 T-Intersection
 04 Y-Intersection
 05 Traffic Circle/Roundabout
 06 Five-Point, Or More
 07 On Ramp
 08 Off Ramp
 09 Crossover
 10 Driveway/Access
 11 Railway Grade Crossing
 12 Shared-Use Paths Or Trails
 13 Unknown

Occurrence








1 On Roadway
 2 On Shoulder
 3 In Median
 4 On Roadside
 5 On Gore
 6 Outside Trafficway
 7 Unknown

Road Contour


1 Straight Level
 2 Straight Grade
 3 Curve Level
 4 Curve Grade

Road Conditions
 Primary  Secondary 

01 Dry
 02 Wet
 03 Snow
 04 Ice
 05 Sand, Mud, Dirt, Oil, Gravel
 06 Water (Standing, Moving)
 07 Slush
 08 Debris**
 09 Rut, Holes, Bumps, Uneven Pavement **
 10 Other
 11 Unknown
 ** Secondary Road Conditions ONLY

Supplement * 'X' if Yes   Local Report # *    

Narrative

On 01-11-10 I responded to the area of E Secnd St and IR 75 for an accident. When I arrived I saw three vehicles that had been involved in an accident. I spoke to the drivers of the vehicles and learned that Unit #1 rear ended Unit #2 and pushed that vehicle into Unit #3. Driver on Unit #1 was issued citation for ACDA.

Manner Of Collision or Impact

2

- 1 Not Collision Between Two Vehicles In Transport
- 2 Rear-end
- 3 Head-on
- 4 Rear-To-Rear
- 5 Backing
- 6 Angle
- 7 Sideswipe, Same Direction
- 8 Sideswipe, Opposite Direction
- 9 Unknown

School Bus Related

1

- 1 No
- 2 Yes, Directly Involved
- 3 Yes, Indirectly Involved
- 4 Unknown

Work Zone Related

1

- 1 No
- 2 Yes
- 3 Unknown

Type of Work Zone

1

- 1 Lane Closure
- 2 Lane Shift/Crossover
- 3 Work On Shoulder Or Median
- 4 Intermittent/Moving Work
- 5 Other

Location Of Crash In

1

- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

Weather

02

- 01 Clear
- 02 Cloudy
- 03 Fog, Smog, Smoke
- 04 Rain
- 05 Sleet, Hail (Freezing Rain Drizzle)
- 06 Snow
- 07 Severe Crosswinds
- 08 Blowing Sand, Soil, Dirt, Snow
- 09 Other
- 10 Unknown

Light Conditions

Primary **3** Secondary

- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Dark - Lighted Roadway
- 5 Dark - Not Lighted
- 6 Dark - Unknown Lighting
- 7 Glare
- 8 Other
- 9 Unknown

Truck/Bus

The Crash INVOLVED one or more of the following:
 A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
 A truck (motor vehicle) with a hazardous materials placard; or
 A bus designed for at least 8 persons, including driver.

**A
N
D**

The crash RESULTED in one or more of the following:
 A fatality; or
 An injury requiring transportation for immediate medical treatment; or
 At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Unit #

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT ICC MC PUCO Trailer LP St. Trailer LP Year Trailer LP # Placard # # Dia.

Cargo Body Type

- 01 Not Applicable
- 02 Bus (9-15) Including Driver
- 03 Van/Enclosed Box
- 04 Grain/Chips/Gravel
- 05 Pole
- 06 Cargo Tan
- 07 Flatbed
- 08 Dump
- 09 Concrete Mixer
- 10 Auto Transporter
- 11 Garbage/Refuse
- 12 Other
- 13 Unknown

Weight (GVWR)

- 1 Less/Equal 10,000
- 2 10,001 - 26,000
- 3 More Than 26,000

CDL Class

- 1 Class A
- 2 Class B
- 3 Class C
- 4 Class M
- 5 Class D

Hazardous Materials Placard

- 1 No
- 2 Yes
- 3 Unknown

Hazardous Material Released

- 1 No
- 2 Yes
- 3 Not Applicable
- 4 Unknown

Police Action

Date Crash Reported **01112010** Time Rec Call **1723** Dispatch **1736** Arrived **1736** Cleared **1750** Other **45** Total Minutes **59**

Officer's Name *

Wolf, Troy

Badge # *

1F22

Checked By

Warrington, Mark

Date Report Filed *

01112010

Report Taken By

1

- 1 Police Agency
- 2 Motorist

Report Taken At

1

- 1 Scene
- 2 Station
- 3 Other

Supplement *
X' if Yes

Local Report # *

10-016

OHIO

TRAFFIC CRASH REPORT

Local Report # *

10-016

Crash Severity

3 1 Fatal 3 PDO 2 Injury 4 Unknown

Private Property 'X' If Yes

Hit / Skip

1 Not Hit / Skip 2 Solved 3 Unsolved

Photos Taken 'X' If Yes

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # *

08301

Reporting Agency *

Franklin Police Department

Units

03

Unit Error

01 98 = Animal 99 = Unknown

Date of Crash *

01112010

Time of Crash

1723

Day of Week

MON

City *

X

Village *

TWP *

Name (Of City, Village or Township) *

Franklin

County # *

83

Latitude

Longitude

CRASH OCCURRED ON

Prefix Crash Location

ST RT 73

Type Loc

Type Location Point Used

1 Named Street 3 Numbered Route 2 Numbered Street

LOCAL INFORMATION

I-75

AT / REFERENCE

Dist Reference

DR

Prefix

Reference

IR 75

Ref Point

02

Reference Point Used

01 State Line 02 Intersection 2 Streets 03 County Line 04 House Number 05 Township Boundary 06 Mile Post 07 Corporation Limit 08 Place Name W/O Reference 09 Driveway 10 Street or Route W/O Reference

Unit #

of Occ.

A 03 01

Name (Last, First, Middle)

ABBOTT RHONDA D

Address (Street, City, State, Zip Code)

1431 TABOR AV KETTERING OH 45420

Social Security Number

Date of Birth

09021968

Age

41

Sex

F

Home Phone #

(937) 239-5359

Work Phone #

DL State

OH

DL #

RR753195

LP State

OH

LP #

DBS3136

Injured Taken By

1 None 2 EMS 3 Police

4 Other 5 Unknown

Transported By

Injured Taken To

Owner Name (if same, write "SAME")

ABBOTT RHONDA D

Address (Street, City, State, Zip Code)

1431 TABOR AV KETTERING OH 45420

Year

2007

Make

CHEV

Model

EQUIN

Color

Insurance Company

State Farm Ins Co

Towing Service

Owner Phone #

(937) 239-5359

Offense Charged

Offense Description

Citation #

Local Code? 'X' If Yes

Unit #

of Occ.

B

Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

Social Security Number

Date of Birth

Age

Sex

Home Phone #

Work Phone #

DL State

DL #

LP State

LP #

Injured Taken By

1 None 2 EMS 3 Police

4 Other 5 Unknown

Transported By

Injured Taken To

Owner Name (if same, write "SAME")

Address (Street, City, State, Zip Code)

Year

Make

Model

Color

Insurance Company

Towing Service

Owner Phone #

Offense Charged

Offense Description

Citation #

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Unit #

of Occ.

C

Name (Last, First, Middle)

Home Phone #

Date of Birth

Age

Sex

Address (Street, City, State, Zip Code)

Injured Taken By 1 None 2 EMS 3 Police 4 Other 5 Unknown

Transported By

Injured Taken To

Unit #

of Occ.

D

Name (Last, First, Middle)

Home Phone #

Date of Birth

Age

Sex

Address (Street, City, State, Zip Code)

Injured Taken By 1 None 2 EMS 3 Police 4 Other 5 Unknown

Transported By

Injured Taken To

Motorist / Non-Motorist

Occupant

Seating Position 01 01 Front - Left (MC Driver) 02 Front - Middle 03 Front - Right 04 Second - Left (MC Pass) 05 Second - Middle 06 Second - Right 07 Third - Left 08 Third - Middle 09 Third - Right 10 Sleeper Section Of Cab 11 Enclosed Cargo Area 12 Unenclosed Cargo Area 13 Trailing Unit 14 Exterior 15 Other 16 Non-Motorist 17 Unknown

Safety Equipment Motorist 04 01 None Used 02 Shoulder Belt Only 03 Lap Belt Only 04 Shoulder /Lap Belt 05 Child Safety Seat 06 MC Helmet Used 07 Use Unknown Non-Motorist 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown

Air Bag 1 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown

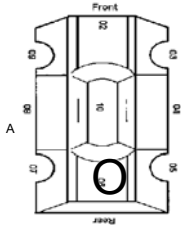
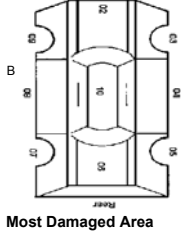
Air Bag Switch 4 1 Not Present 2 In On Position 3 In Off Position 4 Unknown

Ejection 1 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown

Trapped 1 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown

Injuries 1 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown

Supplement * 'X' if Yes

Unit Numbers <input type="text" value="03"/> <input type="text"/> <input type="text"/> <input type="text"/>	Damage Area 	Pre-Crash Actions <input type="text" value="01"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sequence Of Events <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Posted Speed <input type="text" value="45"/> <input type="text"/> <input type="text"/> <input type="text"/>	Drug Test Status <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>
A	B																
<input type="text" value="20"/>	<input type="text"/>																
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<input type="text"/>	<input type="text"/>																
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<input type="text"/>	<input type="text"/>																
Non-Motorist Location <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>01 Marked Crosswalk At Intersection 02 Intersection/ No Crosswalk 03 Non-Intersection Crosswalk 04 Driveway Access Crosswalk 05 In Roadway 06 Not In Roadway 07 Median (But Not Shoulder) 08 Island 09 Shoulder 10 Sidewalk 11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island) 12 Beyond 10 Feet Of Roadway (Within Trafficway) 13 Outside Trafficway 14 Shared Use Paths Or Trails 15 Unknown</p>		Motorist 01 Movements Essentially Straight Ahead 02 Backing 03 Changing Lanes 04 Overtaking/Passing 05 Turning Right 06 Turning Left 07 Making U-Turn 08 Entering Traffic Lane 09 Leaving Traffic Lane 10 Parked 11 Slowing/Stopped In Traffic 12 Driverless 13 Other 14 Unknown Non-Motorist 15 Entering/Crossing In Specified Location 16 Walking, Running, Jogging, Playing, Cycling 17 Working 18 Pushing Vehicle 19 Approaching/Leaving Vehicle 20 Playing/Working On Vehicle 21 Standing 22 Other 23 Unknown	Non-Collision 01 Overtum/Rollover 02 Fire/Explosion 03 Immersion 04 Jackknife 05 Cargo/Equipment Loss/Shift 06 Equipment Failure 07 Separation Of Units 08 Ran Off Road Right 09 Ran Off Road Left 10 Cross Median/Centerline 11 Downhill Runaway 12 Other Non-Collision 13 Unknown Non-Collision Collision w/ Person, Vehicle, Or Object Not Fixed 14 Pedestrian 15 Pedalcycle 16 Railway Vehicle 17 Animal - Farm 18 Animal - Deer 19 Animal - Other 20 Motor Vehicle In Transport 21 Parked Motor Vehicle 22 Work Zone Maintenance Equipment 23 Other Movable Object Collision with Fixed Object 25 Impact Attenuator/Crash Cushion 26 Bridge Overhead Structure 27 Bridge Pier Or Abutment 28 Bridge Parapet 29 Bridge Rail 30 Guardrail Face 31 Guardrail End 32 Median Barrier 33 Highway Traffic Sign Post 34 Overhead Sign Post 35 Light/Luminaries Support 36 Utility Pole 37 Other Post, Pole Or Support 38 Culvert 39 Curb 40 Ditch 41 Embankment 42 Fence 43 Mailbox 44 Tree 45 Other Fixed Object 46 Work Zone Maintenance Equipment 47 Unknown Fixed Object 48 Other 49 Unknown	Traffic Control <input type="text" value="04"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>01 No controls 02 Stop Sign 03 Yield Sign 04 Traffic Signal 05 Traffic Flashers 06 School Zone 07 Railroad Crossbucks 08 Railroad Flashers 09 Railroad Gates 10 Construction Barricade 11 Police Officer 12 Pavement Markings 13 Crosswalk Lines 14 Walk/Don't Walk Signal 15 Traffic Control Device Inoperative, Missing, Obscured 16 Other</p>	Drug Test Type <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown</p> Drug Test 1&2 Result <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting</p>	A	B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
A	B																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
Type Of Unit <input type="text" value="03"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>01 Sub-Compact 02 Compact 03 Mid Size 04 Full Size 05 Minivan 06 Sport Utility Vehicle 07 Pickup 08 Panel/Van 09 Single Unit Truck; 2 Axles, 6 Tires 10 Single Unit Truck; 3+ Axles 11 Truck/Trailer 12 Truck Tractor (Bobtail) 13 Tractor/Semi-Trailer 14 Tractor/Double Short 15 Tractor/Double Long 16 Fifth Wheel Or Converter Dolly 17 Tractor/Triples 18 Motorcycle 19 Motorized Bicycle 20 School Bus 21 Church Bus 22 Public Bus 23 Other Bus 24 Police Vehicle 25 Fire Truck 26 Ambulance/Rescue 27 Taxi 28 Motor Home 29 Train 30 Farm Vehicle 31 Farm Equipment 32 Snowmobile 33 Construction Equipment 34 All Others</p>	<input type="text" value="06"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>01 None 02 Center Front 03 Right Front 04 Right Side 05 Right Rear 06 Rear Center 07 Left Rear 08 Left Side 09 Left Front 10 Top And Windows 11 Undercarriage 12 Load / Trailer 13 Total (All Areas) 14 Other 15 Unknown</p>	Contributing Circumstances <input type="text" value="01"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>01 None 02 Failure To Yield 03 Ran Red Light, Or Stop Sign 04 Exceeded Speed Limit 05 Unsafe Speed 06 Improper Turn 07 Left of Center 08 Followed Too Closely/ACDA 09 Improper Lane Change/ Drove Off Road/ Improper Passing 10 Improper Backing 11 Improper Start From Parked Position 12 Stopped or Parked Illegally 13 Operating Vehicle In Erratic, Reckless, Careless, Negligent or Aggressive Manner 14 Swerving to Avoid (Due to Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc) 15 Failure To Control 16 Vision Obstruction 17 Driver Inattention 18 Fatigue/Asleep 19 Operating Defective Equipment 20 Load Shifting/Falling/Spilling 21 Other Improper Action 22 Unknown Non-Motorist 23 None 24 Improper Crossing 25 Darting 26 Lying And/Or Illegally In Roadway 27 Failure To Yield Right Of Way 28 Not Visible (Dark Clothing) 29 Inattentive 30 Failure to Obey Traffic Signs, Signals, Or Officer 31 Wrong Side Of The Road 32 Other 33 Unknown</p>	Condition <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 Apparently Normal 2 Physical Impairment 3 Emotional 4 Illness 5 Fell Asleep, Fainted, Fatigued, Etc. 6 Under The Influence Of Medications/Drugs/Alcohol 7 Other 8 Unknown</p>	Direction <table border="1"> <tr> <td>From</td> <td>To</td> <td>From</td> <td>To</td> </tr> <tr> <td><input type="text" value="4"/></td> <td><input type="text" value="3"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p>	From	To	From	To	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text"/>	<input type="text"/>	Type of Intersection <input type="text" value="02"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>01 Not An Intersection 02 Four-Way Intersection 03 T-Intersection 04 Y-Intersection 05 Traffic Circle/Roundabout 06 Five-Point, Or More 07 On Ramp 08 Off Ramp 09 Crossover 10 Driveway/Access 11 Railway Grade Crossing 12 Shared-Use Paths Or Trails 13 Unknown</p>				
From	To	From	To														
<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text"/>	<input type="text"/>														
Non-Motorist 35 Animal W/Rider 36 Animal W/Buggy 37 Bicycle 38 Pedestrian 39 Pedalcyclist 40 Skater 41 Other-Non Motorist 42 Unknown	Point Of Impact <input type="text" value="06"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>01 None 02 Center Front 03 Right Front 04 Right Side 05 Right Rear 06 Rear Center 07 Left Rear 08 Left Side 09 Left Front 10 Top And Windows 11 Undercarriage 12 Load/Trailer 13 Total (All Areas) 14 Other 15 Unknown</p>	Vehicle Defect Code Only If '19' Selected Above <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>01 Turn Signals 02 Head Lamps 03 Tail Lamps 04 Brakes 05 Steering 06 Tire Blowout 07 Worn Or Slick Tires 08 Trailer Equipment Defective 09 Motor Trouble 10 Disabled From Prior Crash 11 Other Defects</p>	First Harmful Event <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Alcohol/Drug Suspected <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown</p>	Occurrence <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 On Roadway 2 On Shoulder 3 In Median 4 On Roadside 5 On Gore 6 Outside Trafficway 7 Unknown</p>												
In Emergency Response <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 No 2 Yes 3 Unknown</p>	Action <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown</p>		Most Harmful Event <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Alcohol Test Status <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown</p>	Road Contour <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p>												
Damage Scale <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	Striking Vehicle: Override/ Underride <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 No Underride Or Override 2 Underride, Compartment Intrusion 3 Underride, No Compartment Intrusion 4 Underride, Compartment Intrusion Unknown 5 Override, Motor Vehicle In Transport 6 Override , Other Vehicle 7 Unknown</p>		Speed Detected <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 Stated 2 Estimated Speed</p>	Alcohol Test Type <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p>	Road Conditions <table border="1"> <tr> <td>Primary</td> <td>Secondary</td> </tr> <tr> <td><input type="text" value="02"/></td> <td><input type="text"/></td> </tr> </table> <p>01 Dry 02 Wet 03 Snow 04 Ice 05 Sand, Mud, Dirt, Oil, Gravel 06 Water (Standing, Moving) 07 Slush 08 Debris** 09 Rut, Holes, Bumps, Uneven Pavement ** 10 Other 11 Unknown ** Secondary Road Conditions ONLY</p>	Primary	Secondary	<input type="text" value="02"/>	<input type="text"/>								
Primary	Secondary																
<input type="text" value="02"/>	<input type="text"/>																
				Alcohol Test Result <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Local Report # * <input type="text" value="10-016"/> <input type="text"/> <input type="text"/> <input type="text"/>												