

# OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
10-010		3 1 Fatal 3 PDO 2 Injury 4 Unknown		X If Yes		1 Not Hit / Skip 2 Solved 3 Unsolved		X If Yes									
N.C.I.C. # *		Reporting Agency *		# Units		Unit Error		Date of Crash *									
08301		Franklin Police Department		03		98 = Animal 99 = Unknown		01072010									
Time of Crash		Day of Week		City *		Village *		TWP *		Name (Of City, Village or Township) *		County # *		Latitude		Longitude	
0917		THU		X						Franklin		83					

<b>CRASH OCCURRED ON</b>			<b>Type Location Point Used</b>			<b>LOCAL INFORMATION</b>		
Prefix Crash Location			Type Loc			1 Named Street 3 Numbered Route 2 Numbered Street		
E Fourth ST			2			1.00 BENJAMIN FRANKLIN WAY		
<b>AT / REFERENCE</b>			<b>Reference Point Used</b>			04 House Number 08 Place Name W/O Reference 01 State Line 05 Township Boundary 09 Driveway 02 Intersection 2 Streets 06 Mile Post 10 Street or Route W/O Reference 03 County Line 07 Corporation Limit		
Dist Reference DR Prefix Reference			Ref Point					
			08					

<b>A</b>		Unit #		# of Occ.		Name (Last, First, Middle)	
01		01		RANEY JOSEPH MICHAEL			
Address (Street, City, State, Zip Code)							
320 PARK DR Franklin OH 45005-0000							
Social Security Number		Date of Birth		Age		Sex	
		02061991		18		M	
Home Phone #		Work Phone #				(513) 746-5682	
DL State		DL #		LP State		LP #	
OH		TA997312		OH		EQD3966	
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	
1998		FORD		TAU		GLD	
Insurance Company		Towing Service		Owner Phone #		Central Ins	
Offense Charged		Offense Description		Citation #		Local Code? 'X' if Yes	

<b>B</b>		Unit #		# of Occ.		Name (Last, First, Middle)	
02		01		KLINE JOHN E			
Address (Street, City, State, Zip Code)							
390 CHRISTINA WAY CARLISLE OH 45005							
Social Security Number		Date of Birth		Age		Sex	
		09071956		53		M	
Home Phone #		Work Phone #					
DL State		DL #		LP State		LP #	
OH		RS412308		OH		PEW4910	
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)			
KLINE JOHN E				390 CHRISTINA WAY CARLISLE OH 45005			
Year		Make		Model		Color	
2005		CHEV		TRK		GRN	
Insurance Company		Towing Service		Owner Phone #		State Farm	
Offense Charged		Offense Description		Citation #		Local Code? 'X' if Yes	

<b>C</b>		Unit #		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex	
Address (Street, City, State, Zip Code)								Injured Taken By		Transported By		Injured Taken To	
								1 None 4 Other 2 EMS 5 Unknown 3 Police					
Unit #		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex			
<b>D</b>													
Address (Street, City, State, Zip Code)								Injured Taken By		Transported By		Injured Taken To	
								1 None 4 Other 2 EMS 5 Unknown 3 Police					

<b>01</b> Seating Position		<b>04</b> Safety Equipment Motorist		<b>1</b> Air Bag		<b>1</b> Air Bag Switch		<b>1</b> Ejection		<b>1</b> Trapped		<b>1</b> Injuries	
01 Front - Left ( MC Driver) 02 Front - Middle 03 Front - Right		01 None Used 02 Shoulder Belt Only 03 Lap Belt Only		1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown		1 Not Present 2 In On Position 3 In Off Position 4 Unknown		1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown		1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown		1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown	
04 Second - Left ( MC Pass) 05 Second - Middle 06 Second - Right		04 Shoulder /Lap Belt 05 Child Safety Seat 06 MC Helmet Used 07 Use Unknown											
07 Third - Left 08 Third - Middle 09 Third - Right		08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown											
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													
												Supplement * 'X' if Yes	

Motorist / Non-Motorist

Occupant

<b>Unit Numbers</b> 	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> 	<b>Sequence Of Events</b> 	<b>Posted Speed</b> 	<b>Drug Test Status</b> 
<b>Non-Motorist Location</b> <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>	<b>Most Damaged Area</b> <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>	<b>Motorist</b> 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 <b>Non-Motorist</b> 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	<b>Non-Collision</b> 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 <b>Collision w/ Person, Vehicle, Or Object Not Fixed</b> 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 <b>Collision with Fixed Object</b> 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	<b>Traffic Control</b> <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>	<b>Drug Test Type</b> <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> <b>Drug Test 1&amp;2 Result</b> <p>1 None  2 Marijuana  3 Cocaine  4 Opiates  5 Amphetamines  6 PCP  7 Other  8 Unknown at Time Of Reporting</p>
<b>Type Of Unit</b> <p><b>Motorist</b>  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  <b>Non-Motorist</b>  35 Animal W/Rider  36 Animal W/Buggy  37 Bicycle  38 Pedestrian  39 Pedalcyclist  40 Skater  41 Other-Non Motorist  42 Unknown</p>	<b>Point Of Impact</b> <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>	<b>Contributing Circumstances</b> <p><b>Motorist</b>  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  <b>Non-Motorist</b>  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>	<b>First Harmful Event</b> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	<b>Direction</b> From To From To <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p>	<b>Type of Intersection</b> <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>
<b>In Emergency Response</b> <p>1 No  2 Yes  3 Unknown</p>	<b>Action</b> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</p>	<b>Vehicle Defect Code Only If '19' Selected Above</b> <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>	<b>Most Harmful Event</b> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Condition</b> <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>	<b>Occurrence</b> <p>1 On Roadway  2 On Shoulder  3 In Median  4 On Roadside  5 On Gore  6 Outside Trafficway  7 Unknown</p>
<b>Damage Scale</b> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<b>Striking Vehicle: Override/ Underride</b> <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>		<b>Speed Detected</b> <p>1 Stated  2 Estimated Speed</p>	<b>Alcohol/Drug Suspected</b> <p>1 None  2 Yes-Alcohol Suspected  3 Yes-HBD Not Impaired  4 Yes-Drugs Suspected  5 Yes-Alcohol / Drugs Suspected  6 Unknown</p>	<b>Road Contour</b> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p>
			<b>Speed</b> 	<b>Alcohol Test Status</b> <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>	<b>Road Conditions</b> Primary Secondary <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>
				<b>Alcohol Test Type</b> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p>	<b>Alcohol Test Result</b> 
				<b>Supplement * 'X' if Yes</b> 	<b>Local Report # *</b> 

# Narrative

Unit #'s 1&2 were east on Fourth St, at 1 Benjamin Franklin Way, unit # 2 was attempting to turn right into an on Street parking Space, Unit #1 slid on icy/snowy pavement to the right side of unit #2, then into Unit #3(parked) causing Minor damage to all units.

## Manner Of Collision or Impact

6

- 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

## Weather

06

- 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 Secondary

1

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

## School Bus Related

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

## Work Zone Related

- 1 No
- 2 Yes
- 3 Unknown

## Type of Work Zone

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

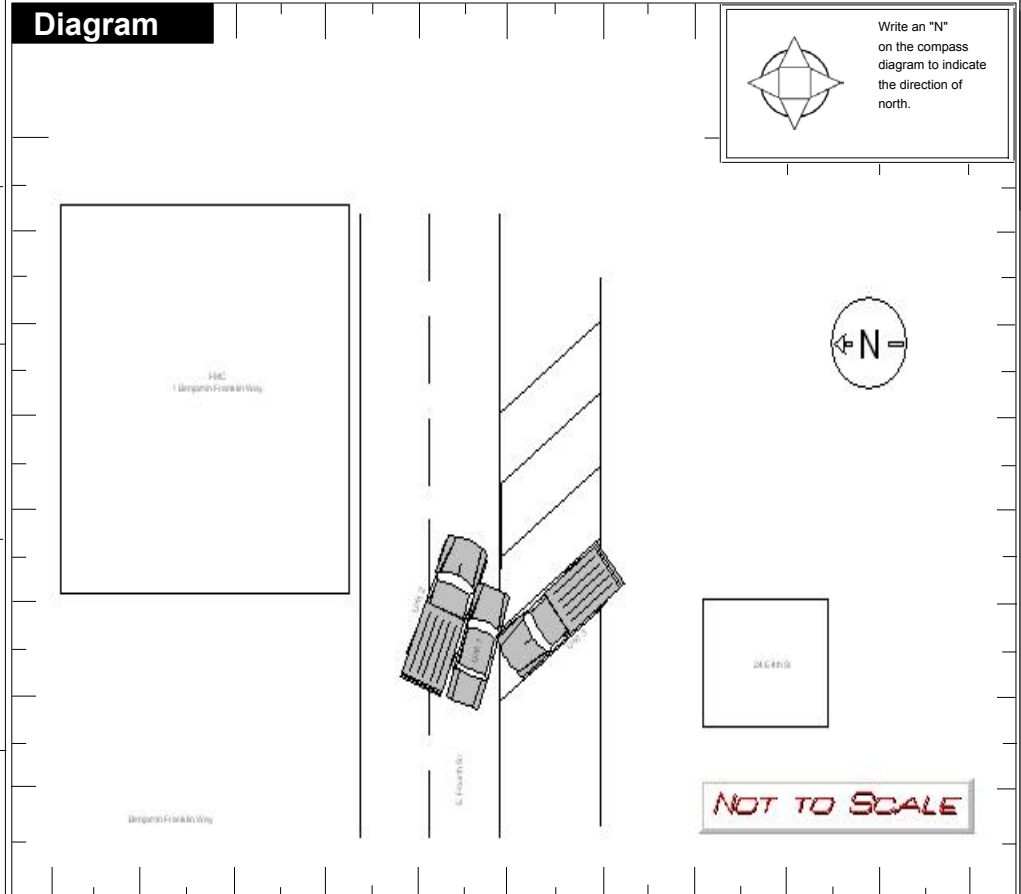
## Location Of Crash In

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

## Workers Present

- 1 No
- 2 Yes
- 3 Unknown

## Diagram



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



NOT TO SCALE

## 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.

AND

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: 01072010      Time Rec Call: 0917      Dispatch: 0918      Arrived: 0918      Cleared: 0000      Other: 0      Total Minutes: 0

Officer's Name \*

Smith, Terry

Badge # \*

1F32

Checked By

Warrington, Mark

Date Report Filed \*

01072010

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 # \*

10-010



# TRAFFIC CRASH REPORT

Local Report # \*  
**10-010**

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  
 98 = Animal  
 99 = Unknown

Date of Crash \*  
**01072010**

Time of Crash  
**0917**

Day of Week  
**THU**

City \*  
**X**

Village \*

TWP \*

Name ( Of City, Village or Township ) \*  
**Franklin**

County # \*  
**83**

Latitude  
Longitude

### CRASH OCCURRED ON

Prefix Crash Location  
**E Fourth ST**

Type Location Point Used  
**2**  
1 Named Street 3 Numbered Route  
2 Numbered Street

### LOCAL INFORMATION

**1.00 BENJAMIN FRANKLIN WAY**

### AT / REFERENCE

Dist Reference DR Prefix Reference  
**08**

### 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

**A** Unit # **03** # of Occ.  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 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured Taken To

Owner Name (if same, write "SAME") **FRAUENKNECHT GREG** Address (Street, City, State, Zip Code) **24 E 4TH ST FRANKLIN OH 45005-0000**

Year **1999** Make **DODG** Model **RAM** Color **BLU** Insurance Company **State Farm Insurance** Towing Service Owner Phone # **(513) 743-9574**

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

**B** Unit #  # of Occ.  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 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 #

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

**C** Unit #  # 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

**D** Unit #  # 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

Motorist / Non-Motorist

Occupant

**Seating Position**

**A** 01 Front - Left ( MC Driver)  
02 Front - Middle  
03 Front - Right

**B** 04 Second - Left ( MC Pass)  
05 Second - Middle  
06 Second - Right

**C** 07 Third - Left  
08 Third - Middle  
09 Third - Right

**D** 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**

**A** 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

**B** 08 Non Used  
09 Helmet Used  
10 Protective Pads  
11 Reflective Clothing  
12 Lighting  
13 Other  
14 Unknown

**Non-Motorist**

**Air Bag**

**A** 1 Not Deployed  
2 Deployed-Front  
3 Deployed-Side  
4 Deployed Both Front/Side  
5 Not Applicable  
6 Unknown

**Air Bag Switch**

**A** 1 Not Present  
2 In On Position  
3 In Off Position  
4 Unknown

**Ejection**

**A** 1 Not Ejected  
2 Totally Ejected  
3 Partially Ejected  
4 Not Applicable  
5 Unknown

**Trapped**

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

**Injuries**

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

Supplement \*  
'X' if Yes

**Unit Numbers**

03

**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**

07

**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**

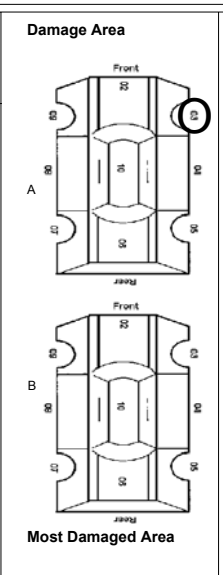
35 Animal W/Rider  
 36 Animal W/Buggy  
 37 Bicycle  
 38 Pedestrian  
 39 Pedalcyclist  
 40 Skater  
 41 Other-Non Motorist  
 42 Unknown

**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



04

**Point Of Impact**

03

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**

4

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

**Pre-Crash Actions**

10

**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**

23

**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

20   1

2

3

4

**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**

2

1 Stated  
 2 Estimated Speed

**Speed**

0

**Posted Speed**

**Traffic Control**

01

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

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

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

**Road Contour**

1

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 # \*

10-010