

OHIO

TRAFFIC CRASH REPORT

Local Report # \*

10-082

Crash Severity

2 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 \*

03102010

Time of Crash

1837

Day of Week

WED

City \*

Village \*

TWP \*

Name (Of City, Village or Township) \*

Franklin

County # \*

83

Latitude

Longitude

CRASH OCCURRED ON

Prefix Crash Location

SR 123

Type Loc

3

Type Location Point Used

1 Named Street 3 Numbered Route 2 Numbered Street

LOCAL INFORMATION

AT / REFERENCE

Dist Reference

DR

Prefix

Reference

Robinson-Vail Rd

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 01 01

Name (Last, First, Middle)

CRAWFORD ANDREW A

Address (Street, City, State, Zip Code)

1107 OBANNONVILLE RD LOVELAND OH 45140

Social Security Number

Date of Birth

03191940

Age

69

Sex

M

Home Phone #

Work Phone #

DL State

OH RQ529982

LP State

KY X1147J

Injured Taken By

2 1 None 4 Other 2 EMS 5 Unknown 3 Police

Transported By

JEMS

Injured/Taken To

Atrium

Owner Name (if same, write "SAME")

JEFF WYLER JEEP

Address (Street, City, State, Zip Code)

100 ALEXANDRIA PK Ft. Thomas KY 41075

Year

Make

Model

Color

Insurance Company

Towing Service

Owner Phone #

2010 JEEP

GRAND

BLK

Universal Underwriters Ins

Northern Sunoco

(800) 821-7803

Offense Charged

Offense Description

Citation #

Local Code? 'X' If Yes

Unit #

# of Occ.

B 02 01

Name (Last, First, Middle)

SCHALLER DAVID R

Address (Street, City, State, Zip Code)

277 HEFTNER CIR MAINEVILLE OH 45039

Social Security Number

Date of Birth

06241969

Age

40

Sex

M

Home Phone #

(051) 314-8123

Work Phone #

DL State

OH RH868745

LP State

OH DKB5988

Injured Taken By

1 None 4 Other 2 EMS 5 Unknown 3 Police

Transported By

Injured/Taken To

Owner Name (if same, write "SAME")

SCHALLER DAVID R

Address (Street, City, State, Zip Code)

277 HEFTNER CIR MAINEVILLE OH 45039

Year

Make

Model

Color

Insurance Company

Towing Service

Owner Phone #

2009 SUZI

SFT

BLK

West American Ins

(051) 314-8123

Offense Charged

Offense Description

Citation #

Local Code? 'X' If Yes

Unit #

Name (Last, First, Middle)

C

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 #

Name (Last, First, Middle)

D

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

01 Seating Position 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

04 Safety Equipment Motorist 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

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

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

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

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

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

Supplement \* 'X' if Yes

<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> Local Report # * 

# Narrative

Units #2 and #3 were stopped for emergency police traffic on SR 123 near Robinson-Vail Road. This area of road way is a downhill grade. Unit #1 came over the crest of the hill and was unable to see the stopped units on the other side. Unit #1 was unable to stop the vehicle in time and struck Unit #2 which was then pushed into Unit #3.

## 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

## Weather

**01**

- 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 **1** 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

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

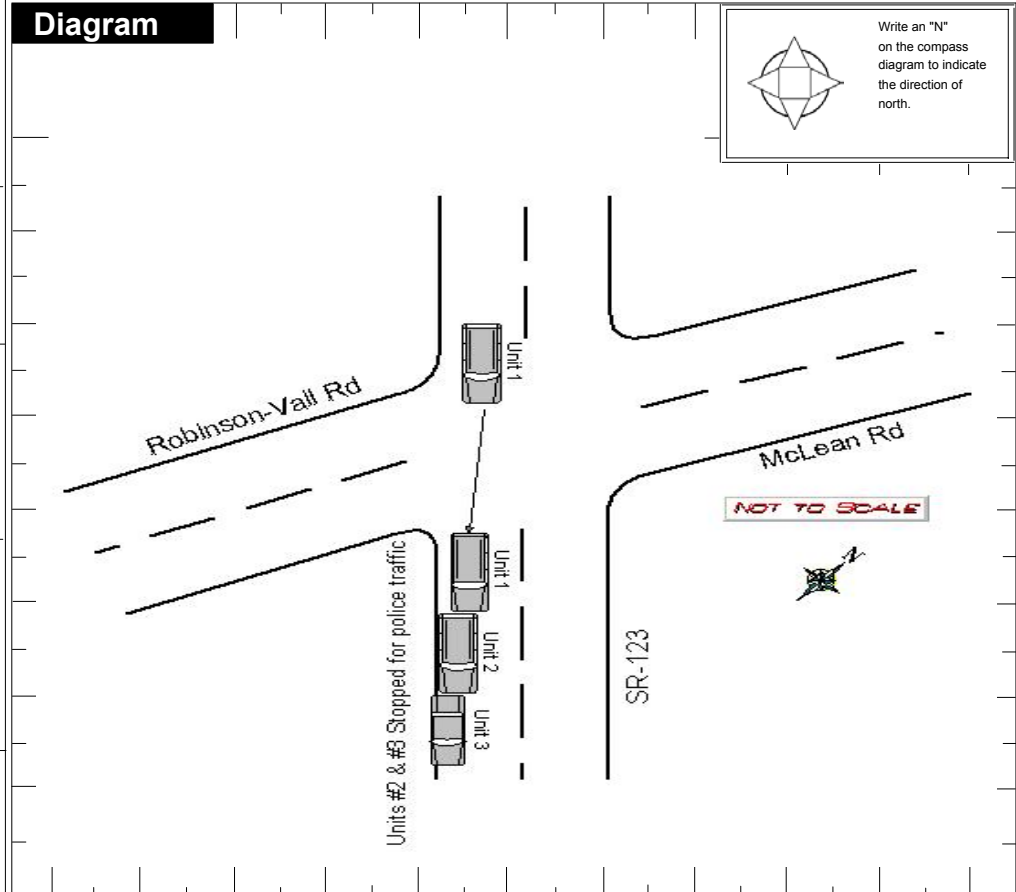
## Location Of Crash In

- 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



## 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 **03122010** Time Rec Call **1837** Dispatch **1843** Arrived **1847** Cleared **1917** Other **90** Total Minutes **124**

Officer's Name \*

SHANNON, DENNIS

Badge # \*

**1F40**

Checked By

Warrington, Mark

Date Report Filed \*

**03102010**

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 # \*

**10-082**

OHIO

TRAFFIC CRASH REPORT

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Franklin Police Department

# Units

03

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Time of Crash

1837

Day of Week

WED

City \*

Village \*

TWP \*

Name (Of City, Village or Township) \*

Franklin

County # \*

83

Latitude

Longitude

CRASH OCCURRED ON

Prefix Crash Location

SR 123

Type Loc

3

Type Location Point Used

1 Named Street 3 Numbered Route 2 Numbered Street

LOCAL INFORMATION

AT / REFERENCE

Dist Reference

DR

Prefix

Reference

Robinson-Vail Rd

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)

SMITH NOAH C

Address (Street, City, State, Zip Code)

736 BIRCH GROVE

MORROW OH 45152

Social Security Number

Date of Birth

Age

Sex

Home Phone #

Work Phone #

[Blank]

02021979

31

M

(513) 314-8123

DL State

DL #

LP State

LP #

Injured Taken By

1 None 2 EMS 3 Police 4 Other 5 Unknown

Transported By

Injured Taken To

OH RS400038

EFJ8521

Owner Name (if same, write "SAME")

Address (Street, City, State, Zip Code)

SMITH NOAH C

736 BIRCH GROVE

MORROW OH 45152

Year

Make

Model

Color

Insurance Company

Towing Service

Owner Phone #

2003

VOLV

S70

MAR

Allstate Ins

(513) 314-8123

Offense Charged

Offense Description

Citation #

Local Code? 'X' If Yes

[Blank]

[Blank]

[Blank]

[Blank]

Unit #

# of Occ.

B

[Blank]

[Blank]

Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

Social Security Number

Date of Birth

Age

Sex

Home Phone #

Work Phone #

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

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 #

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

Offense Charged

Offense Description

Citation #

Local Code? 'X' If Yes

[Blank]

[Blank]

[Blank]

[Blank]

Unit #

Name (Last, First, Middle)

Home Phone #

Date of Birth

Age

Sex

C

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

Address (Street, City, State, Zip Code)

Unit #

Name (Last, First, Middle)

Home Phone #

Date of Birth

Age

Sex

D

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

Address (Street, City, State, Zip Code)

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4 Air Bag Switch

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1 Ejection

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1 Trapped

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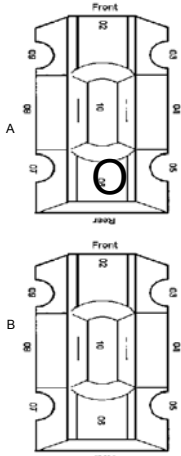

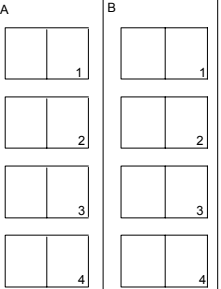



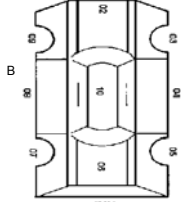


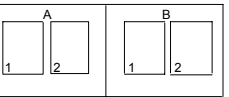

















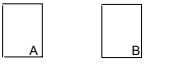

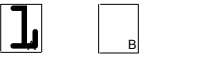





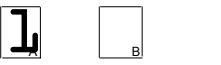
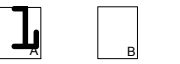






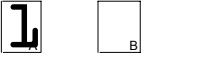
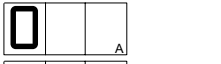

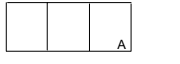


1 Injuries

- 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 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>  <ol style="list-style-type: none"> <li>01 Marked Crosswalk At Intersection</li> <li>02 Intersection/ No Crosswalk</li> <li>03 Non-Intersection Crosswalk</li> <li>04 Driveway Access Crosswalk</li> <li>05 In Roadway</li> <li>06 Not In Roadway</li> <li>07 Median (But Not Shoulder)</li> <li>08 Island</li> <li>09 Shoulder</li> <li>10 Sidewalk</li> <li>11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)</li> <li>12 Beyond 10 Feet Of Roadway (Within Trafficway)</li> <li>13 Outside Trafficway</li> <li>14 Shared Use Paths Or Trails</li> <li>15 Unknown</li> </ol>	<b>Most Damaged Area</b> 	<b>Motorist</b> <ol style="list-style-type: none"> <li>01 Movements Essentially Straight Ahead</li> <li>02 Backing</li> <li>03 Changing Lanes</li> <li>04 Overtaking/Passing</li> <li>05 Turning Right</li> <li>06 Turning Left</li> <li>07 Making U-Turn</li> <li>08 Entering Traffic Lane</li> <li>09 Leaving Traffic Lane</li> <li>10 Parked</li> <li>11 Slowing/Stopped In Traffic</li> <li>12 Driverless</li> <li>13 Other</li> <li>14 Unknown</li> </ol> <b>Non-Motorist</b> <ol style="list-style-type: none"> <li>15 Entering/Crossing In Specified Location</li> <li>16 Walking, Running, Jogging, Playing, Cycling</li> <li>17 Working</li> <li>18 Pushing Vehicle</li> <li>19 Approaching/Leaving Vehicle</li> <li>20 Playing/Working On Vehicle</li> <li>21 Standing</li> <li>22 Other</li> <li>23 Unknown</li> </ol>	<b>Non-Collision</b> <ol style="list-style-type: none"> <li>01 Overtum/Rollover</li> <li>02 Fire/Explosion</li> <li>03 Immersion</li> <li>04 Jackknife</li> <li>05 Cargo/Equipment Loss/Shift</li> <li>06 Equipment Failure</li> <li>07 Separation Of Units</li> <li>08 Ran Off Road Right</li> <li>09 Ran Off Road Left</li> <li>10 Cross Median/Centerline</li> <li>11 Downhill Runaway</li> <li>12 Other Non-Collision</li> <li>13 Unknown Non-Collision</li> </ol> <b>Collision w/ Person, Vehicle, Or Object Not Fixed</b> <ol style="list-style-type: none"> <li>14 Pedestrian</li> <li>15 Pedalcycle</li> <li>16 Railway Vehicle</li> <li>17 Animal - Farm</li> <li>18 Animal - Deer</li> <li>19 Animal - Other</li> <li>20 Motor Vehicle In Transport</li> <li>21 Parked Motor Vehicle</li> <li>22 Work Zone Maintenance Equipment</li> <li>23 Other Movable Object</li> <li>24 Unknown Movable Object</li> </ol> <b>Collision with Fixed Object</b> <ol style="list-style-type: none"> <li>25 Impact Attenuator/Crash Cushion</li> <li>26 Bridge Overhead Structure</li> <li>27 Bridge Pier Or Abutment</li> <li>28 Bridge Parapet</li> <li>29 Bridge Rail</li> <li>30 Guardrail Face</li> <li>31 Guardrail End</li> <li>32 Median Barrier</li> <li>33 Highway Traffic Sign Post</li> <li>34 Overhead Sign Post</li> <li>35 Light/Luminaries Support</li> <li>36 Utility Pole</li> <li>37 Other Post, Pole Or Support</li> <li>38 Culvert</li> <li>39 Curb</li> <li>40 Ditch</li> <li>41 Embankment</li> <li>42 Fence</li> <li>43 Mailbox</li> <li>44 Tree</li> <li>45 Other Fixed Object</li> <li>46 Work Zone Maintenance Equipment</li> <li>47 Unknown Fixed Object</li> <li>48 Other</li> <li>49 Unknown</li> </ol>	<b>Traffic Control</b>  <ol style="list-style-type: none"> <li>01 No controls</li> <li>02 Stop Sign</li> <li>03 Yield Sign</li> <li>04 Traffic Signal</li> <li>05 Traffic Flashers</li> <li>06 School Zone</li> <li>07 Railroad Crossbucks</li> <li>08 Railroad Flashers</li> <li>09 Railroad Gates</li> <li>10 Construction Barricade</li> <li>11 Police Officer</li> <li>12 Pavement Markings</li> <li>13 Crosswalk Lines</li> <li>14 Walk/Don't Walk Signal</li> <li>15 Traffic Control Device Inoperative, Missing, Obscured</li> <li>16 Other</li> </ol>	<b>Drug Test Type</b>  <ol style="list-style-type: none"> <li>1 None</li> <li>2 Test Refused</li> <li>3 Test Given, Contaminated Sample/Unusable</li> <li>4 Test Given, Results Known</li> <li>5 Test Given, Results Unknown</li> <li>6 Unknown</li> </ol> <b>Drug Test 1&amp;2 Result</b>  <ol style="list-style-type: none"> <li>1 None</li> <li>2 Marijuana</li> <li>3 Cocaine</li> <li>4 Opiates</li> <li>5 Amphetamines</li> <li>6 PCP</li> <li>7 Other</li> <li>8 Unknown at Time Of Reporting</li> </ol>								
<b>Type Of Unit</b>  <b>Motorist</b> <ol style="list-style-type: none"> <li>01 Sub-Compact</li> <li>02 Compact</li> <li>03 Mid Size</li> <li>04 Full Size</li> <li>05 Minivan</li> <li>06 Sport Utility Vehicle</li> <li>07 Pickup</li> <li>08 Panel/Van</li> <li>09 Single Unit Truck; 2 Axles, 6 Tires</li> <li>10 Single Unit Truck; 3+ Axles</li> <li>11 Truck/Trailer</li> <li>12 Truck Tractor (Bobtail)</li> <li>13 Tractor/Semi-Trailer</li> <li>14 Tractor/Double Short</li> <li>15 Tractor/Double Long</li> <li>16 Fifth Wheel Or Converter Dolly</li> <li>17 Tractor/Triples</li> <li>18 Motorcycle</li> <li>19 Motorized Bicycle</li> <li>20 School Bus</li> <li>21 Church Bus</li> <li>22 Public Bus</li> <li>23 Other Bus</li> <li>24 Police Vehicle</li> <li>25 Fire Truck</li> <li>26 Ambulance/Rescue</li> <li>27 Taxi</li> <li>28 Motor Home</li> <li>29 Train</li> <li>30 Farm Vehicle</li> <li>31 Farm Equipment</li> <li>32 Snowmobile</li> <li>33 Construction Equipment</li> <li>34 All Others</li> </ol>	 <ol style="list-style-type: none"> <li>01 None</li> <li>02 Center Front</li> <li>03 Right Front</li> <li>04 Right Side</li> <li>05 Right Rear</li> <li>06 Rear Center</li> <li>07 Left Rear</li> <li>08 Left Side</li> <li>09 Left Front</li> <li>10 Top And Windows</li> <li>11 Undercarriage</li> <li>12 Load / Trailer</li> <li>13 Total (All Areas)</li> <li>14 Other</li> <li>15 Unknown</li> </ol>	<b>Contributing Circumstances</b>  <b>Motorist</b> <ol style="list-style-type: none"> <li>01 None</li> <li>02 Failure To Yield</li> <li>03 Ran Red Light, Or Stop Sign</li> <li>04 Exceeded Speed Limit</li> <li>05 Unsafe Speed</li> <li>06 Improper Turn</li> <li>07 Left of Center</li> <li>08 Followed Too Closely/ACDA</li> <li>09 Improper Lane Change/ Drove Off Road/ Improper Passing</li> <li>10 Improper Backing</li> <li>11 Improper Start From Parked Position</li> <li>12 Stopped or Parked Illegally</li> <li>13 Operating Vehicle In Erratic, Reckless, Careless, Negligent or Aggressive Manner</li> <li>14 Swerving to Avoid (Due to Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)</li> <li>15 Failure To Control</li> <li>16 Vision Obstruction</li> <li>17 Driver Inattention</li> <li>18 Fatigue/Asleep</li> <li>19 Operating Defective Equipment</li> <li>20 Load Shifting/Falling/Spilling</li> <li>21 Other Improper Action</li> <li>22 Unknown</li> </ol>	<b>Condition</b>  <ol style="list-style-type: none"> <li>1 Apparently Normal</li> <li>2 Physical Impairment</li> <li>3 Emotional</li> <li>4 Illness</li> <li>5 Fell Asleep, Fainted, Fatigued, Etc.</li> <li>6 Under The Influence Of Medications/Drugs/Alcohol</li> <li>7 Other</li> <li>8 Unknown</li> </ol>	<b>Direction</b> <table border="1"> <tr> <th>From</th> <th>To</th> <th>From</th> <th>To</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <ol style="list-style-type: none"> <li>1 North</li> <li>2 South</li> <li>3 East</li> <li>4 West</li> <li>5 Northeast</li> <li>6 Northwest</li> <li>7 Southeast</li> <li>8 Southwest</li> <li>9 Unknown</li> </ol>	From	To	From	To					<b>Type of Intersection</b>  <ol style="list-style-type: none"> <li>01 Not An Intersection</li> <li>02 Four-Way Intersection</li> <li>03 T-Intersection</li> <li>04 Y-Intersection</li> <li>05 Traffic Circle/Roundabout</li> <li>06 Five-Point, Or More</li> <li>07 On Ramp</li> <li>08 Off Ramp</li> <li>09 Crossover</li> <li>10 Driveway/Access</li> <li>11 Railway Grade Crossing</li> <li>12 Shared-Use Paths Or Trails</li> <li>13 Unknown</li> </ol>
From	To	From	To										
													
<b>In Emergency Response</b>  <ol style="list-style-type: none"> <li>1 No</li> <li>2 Yes</li> <li>3 Unknown</li> </ol>	<b>Point Of Impact</b>  <ol style="list-style-type: none"> <li>01 None</li> <li>02 Center Front</li> <li>03 Right Front</li> <li>04 Right Side</li> <li>05 Right Rear</li> <li>06 Rear Center</li> <li>07 Left Rear</li> <li>08 Left Side</li> <li>09 Left Front</li> <li>10 Top And Windows</li> <li>11 Undercarriage</li> <li>12 Load/Trailer</li> <li>13 Total (All Areas)</li> <li>14 Other</li> <li>15 Unknown</li> </ol>	<ol style="list-style-type: none"> <li>23 None</li> <li>24 Improper Crossing</li> <li>25 Darting</li> <li>26 Lying And/Or Illegally In Roadway</li> <li>27 Failure To Yield Right Of Way</li> <li>28 Not Visible (Dark Clothing)</li> <li>29 Inattentive</li> <li>30 Failure to Obey Traffic Signs, Signals, Or Officer</li> <li>31 Wrong Side Of The Road</li> <li>32 Other</li> <li>33 Unknown</li> </ol>	<b>First Harmful Event</b>  <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	<b>Alcohol/Drug Suspected</b>  <ol style="list-style-type: none"> <li>1 None</li> <li>2 Yes-Alcohol Suspected</li> <li>3 Yes-HBD Not Impaired</li> <li>4 Yes-Drugs Suspected</li> <li>5 Yes-Alcohol / Drugs Suspected</li> <li>6 Unknown</li> </ol>	<b>Occurrence</b>  <ol style="list-style-type: none"> <li>1 On Roadway</li> <li>2 On Shoulder</li> <li>3 In Median</li> <li>4 On Roadside</li> <li>5 On Gore</li> <li>6 Outside Trafficway</li> <li>7 Unknown</li> </ol>								
<b>Damage Scale</b>  <ol style="list-style-type: none"> <li>1 None</li> <li>2 Non-Functional Damage</li> <li>3 Functional Damage</li> <li>4 Disabling Damage</li> <li>5 Severe</li> <li>6 Unknown</li> </ol>	<b>Action</b>  <ol style="list-style-type: none"> <li>1 Non-Contact</li> <li>2 Non-Collision</li> <li>3 Striking</li> <li>4 Struck</li> <li>5 Both Striking And Struck</li> <li>6 Unknown</li> </ol>	<b>Vehicle Defect Code Only If '19' Selected Above</b>  <ol style="list-style-type: none"> <li>01 Turn Signals</li> <li>02 Head Lamps</li> <li>03 Tail Lamps</li> <li>04 Brakes</li> <li>05 Steering</li> <li>06 Tire Blowout</li> <li>07 Worn Or Slick Tires</li> <li>08 Trailer Equipment Defective</li> <li>09 Motor Trouble</li> <li>10 Disabled From Prior Crash</li> <li>11 Other Defects</li> </ol>	<b>Most Harmful Event</b>  <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Alcohol Test Status</b>  <ol style="list-style-type: none"> <li>1 None</li> <li>2 Test Refused</li> <li>3 Test Given, Contaminated Sample/Unusable</li> <li>4 Test Given, Results Known</li> <li>5 Test Given, Results Unknown</li> <li>6 Unknown</li> </ol>	<b>Road Contour</b>  <ol style="list-style-type: none"> <li>1 Straight Level</li> <li>2 Straight Grade</li> <li>3 Curve Level</li> <li>4 Curve Grade</li> </ol>								
<b>Striking Vehicle: Override/ Underride</b>  <ol style="list-style-type: none"> <li>1 No Underride Or Override</li> <li>2 Underride, Compartment Intrusion</li> <li>3 Underride, No Compartment Intrusion</li> <li>4 Underride, Compartment Intrusion Unknown</li> <li>5 Override, Motor Vehicle In Transport</li> <li>6 Override , Other Vehicle</li> <li>7 Unknown</li> </ol>	<b>Road Conditions</b> <table border="1"> <tr> <th>Primary</th> <th>Secondary</th> </tr> <tr> <td></td> <td></td> </tr> </table> <ol style="list-style-type: none"> <li>01 Dry</li> <li>02 Wet</li> <li>03 Snow</li> <li>04 Ice</li> <li>05 Sand, Mud, Dirt, Oil, Gravel</li> <li>06 Water (Standing, Moving)</li> <li>07 Slush</li> <li>08 Debris**</li> <li>09 Rut, Holes, Bumps, Uneven Pavement **</li> <li>10 Other</li> <li>11 Unknown</li> </ol> <p>** Secondary Road Conditions ONLY</p>	Primary	Secondary			<b>Speed Detected</b>  <ol style="list-style-type: none"> <li>1 Stated</li> <li>2 Estimated Speed</li> </ol>	<b>Speed</b> 	<b>Alcohol Test Type</b>  <ol style="list-style-type: none"> <li>1 None</li> <li>2 Blood</li> <li>3 Urine</li> <li>4 Breath</li> <li>5 Other</li> </ol>	<b>Alcohol Test Result</b> 				
Primary	Secondary												
													
<p style="text-align: center;">Top Copy - ODPS Bottom Copy - Agency</p>						<table border="1"> <tr> <td>Supplement * 'X' if Yes</td> <td>Local Report # * <b>10-082</b></td> </tr> </table>	Supplement * 'X' if Yes	Local Report # * <b>10-082</b>					
Supplement * 'X' if Yes	Local Report # * <b>10-082</b>												