

OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
11-458		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		01 98 = Animal 99 = Unknown		12292011									
Time of Crash		Day of Week		City *		Village *		TWP *		Name (Of City, Village or Township) *		County # *		Latitude		Longitude	
1727		THU		X						Franklin		83					

CRASH OCCURRED ON			Type Location Point Used			LOCAL INFORMATION		
Prefix	Crash Location		Type Loc	1 Named Street 3 Numbered Route 2 Numbered Street		E 2ND ST		
E	SR 73		3	ST				
AT / REFERENCE			Reference Point Used			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				
			Conover Dr	02				

A		Unit #	# of Occ.	Name (Last, First, Middle)	
A		01	01	FITTS WILLIAM	
Address (Street, City, State, Zip Code)					
15 MEADOWVIEW DR FRANKLIN OH 45005-0000					
Social Security Number		Date of Birth		Age	Sex
		01111963		48	M
Home Phone #		Work Phone #			
(937) 746-9143					
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police
OH	RU208712	OH	BCV6219		
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)		
COOK ANGELA M			15 MEADOWVIEW DR FRANKLIN OH 45005-0000		
Year	Make	Model	Color	Insurance Company	Towing Service
2000	CHEV	IMP	SIL	Mears Inc 937-746-2828	
Offense Charged		Offense Description		Citation #	

B		Unit #	# of Occ.	Name (Last, First, Middle)	
B		02	01	ROHRBACK TIMOTHY K	
Address (Street, City, State, Zip Code)					
2110 ROCKDELL DR FAIRBORN OH 45324					
Social Security Number		Date of Birth		Age	Sex
		02151968		43	M
Home Phone #		Work Phone #			
(937) 270-8306					
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police
OH	RM076318	OH	EYZ7055		
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)		
ROHRBACK TIMOTHY K			2110 ROCKDELL DR FAIRBORN OH 45324		
Year	Make	Model	Color	Insurance Company	Towing Service
2004	HYUN	ACCEN	GRY	Permant General Inc	
Offense Charged		Offense Description		Citation #	

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

01 Seating Position		04 Safety Equipment Motorist		1 Air Bag		1 Air Bag Switch		1 Ejection		1 Trapped		1 Injuries	
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		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 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown		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	
A		A		A		A		A		A		A	
B		B		B		B		B		B		B	
C		C		C		C		C		C		C	
D		D		D		D		D		D		D	
Supplement * X' if Yes													

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location <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>	Most Damaged Area 	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 Overturn/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	Traffic Control <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 <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>
Type Of Unit 	Point Of Impact 	Contributing Circumstances 	Direction From To From To <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p>	Condition <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>	Drug Test 1&2 Result <p>1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting</p>
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	Action <p>1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown</p>	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	First Harmful Event <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Alcohol/Drug Suspected <p>1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown</p>	Type of Intersection <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>
In Emergency Response <p>1 No 2 Yes 3 Unknown</p>	Striking Vehicle: Override/ Underride <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>	Vehicle Defect Code Only If '19' Selected Above <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>	Most Harmful Event <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Alcohol Test Status <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 <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p>
Damage Scale <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	Alcohol Test Type <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p>	Speed Detected <p>1 Stated 2 Estimated Speed</p>	Alcohol Test Result 	Alcohol Test Result 	Road Conditions 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>
Top Copy - ODPS Bottom Copy - Agency		Supplement * 'X' if Yes Local Report #*			

Narrative

Unit # 1 was traveling east bound on SR 73 approaching the intersection of Conover Dr. The driver of Unit # 1 stated traffic had stopped for the red light at Conover Dr but he could not stop in time and struck Unit # 2. Unit # 2 then rolled forward and struck Unit # 3.

I did not see any damage to Unit # 1, Unit # 2 had damage on the rear licence plate area and front end damage. Unit # 3 had damage on the rear bumper area.

Manner Of Collision or Impact <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 1 1 No 2 Yes, Directly Involved 3 Yes, Indirectly Involved 4 Unknown	Diagram 		Write an "N" on the compass diagram to indicate the direction of north.						
Weather <input checked="" type="checkbox"/> 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	Work Zone Related <input checked="" type="checkbox"/> 1 1 No 2 Yes 3 Unknown									
Light Conditions Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 1 Daylight 2 Dawn 3 Dusk 4 Dark - Lighted Roadway 5 Dark - Not Lighted 6 Dark - Unknown Lighting 7 Glare 8 Other 9 Unknown	Type of Work Zone <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work On Shoulder Or Median 4 Intermittent/Moving Work 5 Other									
	Location Of Crash In <input type="checkbox"/> 1 Before First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area									
	Workers Present <input checked="" type="checkbox"/> 1 1 No 2 Yes 3 Unknown									

Truck/Bus Unit # <input type="text"/>	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 AND 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.
Company (From Shipping Papers) <input type="text"/>		Company Phone <input type="text"/>
Address (Street, City, St, Zip Code) <input type="text"/>		

US DOT <input type="text"/>	ICC MC <input type="text"/>	PUCO <input type="text"/>	Trailer LP St. <input type="text"/>	Trailer LP Year <input type="text"/>	Trailer LP # <input type="text"/>	Placard # <input type="text"/>	# Dia. <input type="text"/>				
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)	<input type="checkbox"/> 1 Less/Equal 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 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	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Unknown	Hazardous Material Released	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Not Applicable <input type="checkbox"/> 4 Unknown

Police Action						
Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
12292011	1727	1733	1734	1755	30	52
Officer's Name *	Badge # *	Checked By	Date Report Filed *			
SHANNON, DENNIS	1F46	Smith, Terry	12292011			
Report Taken By <input checked="" type="checkbox"/> 1 Police Agency <input type="checkbox"/> 2 Motorist	Report Taken At <input checked="" type="checkbox"/> 1 Scene <input type="checkbox"/> 2 Station <input type="checkbox"/> 3 Other	Supplement * <input type="checkbox"/> X if Yes	Local Report # *	11-458		

OHIO TRAFFIC CRASH REPORT



Local Report # *
11-458

Crash Severity
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
01

Date of Crash *
12292011

Time of Crash **1727** 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 SR 73** Type Loc **3** Type Location Point Used **2 Numbered Street** LOCAL INFORMATION **E 2ND ST**

AT / REFERENCE
Dist Reference DR Prefix Reference **Conover Dr** Ref Point **02** Reference Point Used **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

A Unit # **03** # of Occ. **02** Name (Last, First, Middle) **SCHEFFTER SHEILA R**
Address (Street, City, State, Zip Code) **5532 DOROTHY CRT CARLISLE OH 45005**

Social Security Number Date of Birth **07221965** Age **46** Sex **F** Home Phone # **(937) 746-2756** Work Phone #

DL State **OH** DL # **RX342758** LP State **OH** LP # **FBM6148** Injured Taken By **3 Police** 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured/Taken To

Owner Name (if same, write "SAME") **SCHEFFTER SHEILA R** Address (Street, City, State, Zip Code) **5532 DOROTHY CRT CARLISLE OH 45005**

Year **2010** Make **MAZD** Model Color **RED** Insurance Company **State Farm** Towing Service Owner Phone # **(937) 746-2756**

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 # **03** Name (Last, First, Middle) **SCHEFFTER BRETT A** Home Phone # **04261959** Age **52** Sex **M**

Address (Street, City, State, Zip Code) **5532 DOROTHY CRT CARLISLE OH 45005** Injured Taken By **3 Police** 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured Taken To

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

Address (Street, City, State, Zip Code) Injured Taken By **3 Police** 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

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

1 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

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

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location 	Most Damaged Area 	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 Overturn/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 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	Traffic Control 	Drug Test Type
Type Of Unit 	Point Of Impact 	Contributing Circumstances 	Direction From To From To 	Condition 	Drug Test 1&2 Result
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	Action 	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	First Harmful Event 	Alcohol/Drug Suspected 	Type of Intersection
In Emergency Response 	Striking Vehicle: Override/ Underride 	Vehicle Defect Code Only If '19' Selected Above 	Most Harmful Event 	Alcohol Test Status 	Occurrence
Damage Scale 	Striking Vehicle: Override/ Underride 	Vehicle Defect Code Only If '19' Selected Above 	Speed Detected 	Alcohol Test Type 	Road Contour
Supplement * 'X' if Yes Local Report # *					