

# OHIO TRAFFIC CRASH REPORT

Local Report # * <b>12-026</b>		Crash Severity <b>3</b> 1 Fatal 3 PDO 2 Injury 4 Unknown		Private Property X If Yes		Hit / Skip <b>1</b> 1 Not Hit / Skip 2 Solved 3 Unsolved		Photos Taken X If Yes		OH-2 OH-3 OH-1P OTHER	
N.C.I.C. # * <b>08301</b>		Reporting Agency * Franklin Police Department		# Units <b>04</b>		Unit Error <b>01</b> 98 = Animal 99 = Unknown		Date of Crash * <b>01272012</b>			
Time of Crash <b>1004</b>		Day of Week <b>FRI</b>		City * <b>X</b>		Village * 		TWP * 		Name ( Of City, Village or Township ) * Franklin	
County # * <b>83</b>		Latitude		Longitude							

<b>CRASH OCCURRED ON</b>			<b>Type Location Point Used</b>			<b>LOCAL INFORMATION</b>					
Prefix Crash Location SR 123			Type Loc 3			1 Named Street 3 Numbered Route 2 Numbered Street			GRAHAM DR		
<b>AT / REFERENCE</b>			<b>Reference Point Used</b>			04 House Number 08 Place Name W/O Reference					
Dist Reference DR Prefix Reference McDonalds Parking Entrance			Ref Point 08			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					

<b>A</b>		Unit # # of Occ. <b>01 01</b>		Name (Last, First, Middle) LANDERS GARY J	
Address (Street, City, State, Zip Code) 2534 PINE BROOK LN SPRINGBORO OH 45066					
Social Security Number		Date of Birth <b>03161956</b>		Age <b>55</b>	
DL State DL # OH RM360835		LP State LP # OH ENR2645		Sex <b>M</b>	
Injured Taken By <b>1</b>		1 None 4 Other 2 EMS 5 Unknown 3 Police		Home Phone # (513) 519-1214	
Owner Name (if same, write "SAME") LANDERS GARY J			Address (Street, City, State, Zip Code) 2534 PINE BROOK LN SPRINGBORO OH 45066		
Year <b>2008</b>		Make CADI		Model TRS	
Color BLK		Insurance Company American Family Ins.		Towing Service Northern Sunoco	
Owner Phone # (513) 519-1214		Offense Charged 333.03A		Offense Description Assured Clear Distance Ahead	
Citation # <b>00304</b>		Local Code? 'X' if Yes <b>X</b>			

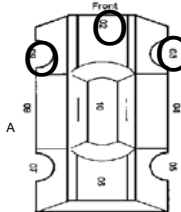
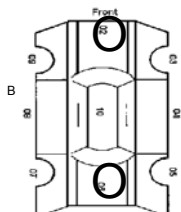
<b>B</b>		Unit # # of Occ. <b>02 01</b>		Name (Last, First, Middle) STALL BRIAN J	
Address (Street, City, State, Zip Code) 3615 YELLOW FINCH WAY Franklin OH 45005-0000					
Social Security Number		Date of Birth <b>02031970</b>		Age <b>41</b>	
DL State DL # OH TT661422		LP State LP # OH FGK5427		Sex <b>M</b>	
Injured Taken By <b>1</b>		1 None 4 Other 2 EMS 5 Unknown 3 Police		Home Phone # (734) 478-0587	
Owner Name (if same, write "SAME") STALL BRIAN J			Address (Street, City, State, Zip Code) 3615 YELLOW FINCH WAY Franklin OH 45005-0000		
Year <b>2012</b>		Make FORD		Model	
Color		Insurance Company Brower Ins.		Towing Service	
Owner Phone # (734) 478-0587		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 1 None 4 Other 2 EMS 5 Unknown 3 Police		Transported By		Injured Taken To			
<b>D</b>		Unit #		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			

<b>01</b> Seating Position 01 Front - Left ( MC Driver) 02 Front - Middle 03 Front - Right <b>01</b> 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		<b>04</b> Safety Equipment Motorist 01 None Used 02 Shoulder Belt Only 03 Lap Belt Only <b>04</b> 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		<b>1</b> Air Bag 1 Not Deployed 2 Deployed-Front <b>1</b> 3 Deployed-Side 4 Deployed Both Front/Side <b>1</b> 5 Not Applicable 6 Unknown		<b>2</b> Air Bag Switch 1 Not Present 2 In On Position 3 In Off Position <b>2</b> 4 Unknown		<b>1</b> Ejection 1 Not Ejected 2 Totally Ejected 3 Partially Ejected <b>1</b> 4 Not Applicable 5 Unknown		<b>1</b> Trapped 1 Not Trapped 2 Extricated By Mechanical Means <b>1</b> 3 Freed BY Non-Mechanical Means 4 Unknown		<b>1</b> Injuries 1 No Injury 2 Possible <b>1</b> 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown	
Supplement * X' if Yes													

Motorist / Non-Motorist

Occupant

<b>Unit Numbers</b> <input type="text" value="01"/> <input type="text" value="02"/>	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> <input type="text" value="01"/> <input type="text" value="01"/>	<b>Sequence Of Events</b> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td><input type="text" value="20"/></td><td><input type="text" value="20"/></td></tr> <tr><td><input type="text" value="20"/></td><td><input type="text" value="20"/></td></tr> <tr><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> </table>	A	B	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<b>Posted Speed</b> <input type="text" value="35"/> <input type="text" value="35"/>	<b>Drug Test Status</b> <input type="text" value=""/> <input type="text" value=""/>
A	B																
<input type="text" value="20"/>	<input type="text" value="20"/>																
<input type="text" value="20"/>	<input type="text" value="20"/>																
<input type="text" value=""/>	<input type="text" value=""/>																
<input type="text" value=""/>	<input type="text" value=""/>																
<input type="text" value=""/>	<input type="text" value=""/>																
<b>Non-Motorist Location</b> <input type="text" value=""/> <input type="text" value=""/> <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>	 <p><b>Most Damaged Area</b></p> <input type="text" value="03"/> <input type="text" value="06"/>	<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 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 <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> <input type="text" value="01"/> <input type="text" value="01"/> <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> <input type="text" value=""/> <input type="text" value=""/> <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> <p><b>Drug Test 1&amp;2 Result</b></p> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td><input type="text" value=""/></td><td><input type="text" value=""/></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" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>						
A	B																
<input type="text" value=""/>	<input type="text" value=""/>																
<input type="text" value=""/>	<input type="text" value=""/>																
<b>Type Of Unit</b> <input type="text" value="04"/> <input type="text" value="03"/> <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>	<input type="text" value="03"/> <input type="text" value="06"/> <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> <input type="text" value="08"/> <input type="text" value="01"/> <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>Direction</b> From To From To <input type="text" value="34"/> <input type="text" value="34"/> <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p>	<b>Condition</b> <input type="text" value="1"/> <input type="text" value="1"/> <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>Type of Intersection</b> <input type="text" value="01"/> <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> <input type="text" value="1"/> <input type="text" value="1"/> <p>1 No  2 Yes  3 Unknown</p>	<b>Point Of Impact</b> <input type="text" value="03"/> <input type="text" value="06"/> <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>Vehicle Defect Code Only If '19' Selected Above</b> <input type="text" value=""/> <input type="text" value=""/> <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>First Harmful Event</b> <input type="text" value="1"/> <input type="text" value="1"/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	<b>Alcohol/Drug Suspected</b> <input type="text" value="1"/> <input type="text" value="1"/> <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>Occurrence</b> <input type="text" value="1"/> <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> <input type="text" value=""/> <input type="text" value="2"/> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<b>Action</b> <input type="text" value="3"/> <input type="text" value="4"/> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</p>	<b>Striking Vehicle: Override/ Underride</b> <input type="text" value="1"/> <input type="text" value=""/> <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>Most Harmful Event</b> <input type="text" value="1"/> <input type="text" value="1"/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Alcohol Test Status</b> <input type="text" value=""/> <input type="text" value="1"/> <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 Contour</b> <input type="text" value="1"/> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p>												
<b>Damage Scale</b> <input type="text" value=""/> <input type="text" value="2"/> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<b>Striking Vehicle: Override/ Underride</b> <input type="text" value="1"/> <input type="text" value=""/> <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>Vehicle Defect Code Only If '19' Selected Above</b> <input type="text" value=""/> <input type="text" value=""/> <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>Speed Detected</b> <input type="text" value="2"/> <input type="text" value="2"/> <p>1 Stated  2 Estimated Speed</p>	<b>Alcohol Test Type</b> <input type="text" value=""/> <input type="text" value=""/> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p>	<b>Road Conditions</b> Primary <input type="text" value="02"/> Secondary <input type="text" value=""/> <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 # * <input type="text" value="12-026"/>															

# Narrative

Unit #1 was west bound on SR 123 in the outside lane, rear-ended unit # 2 also in the outside lane sending unit 2 into unit # 4, unit # 1 swerved to the left striking 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

## 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**

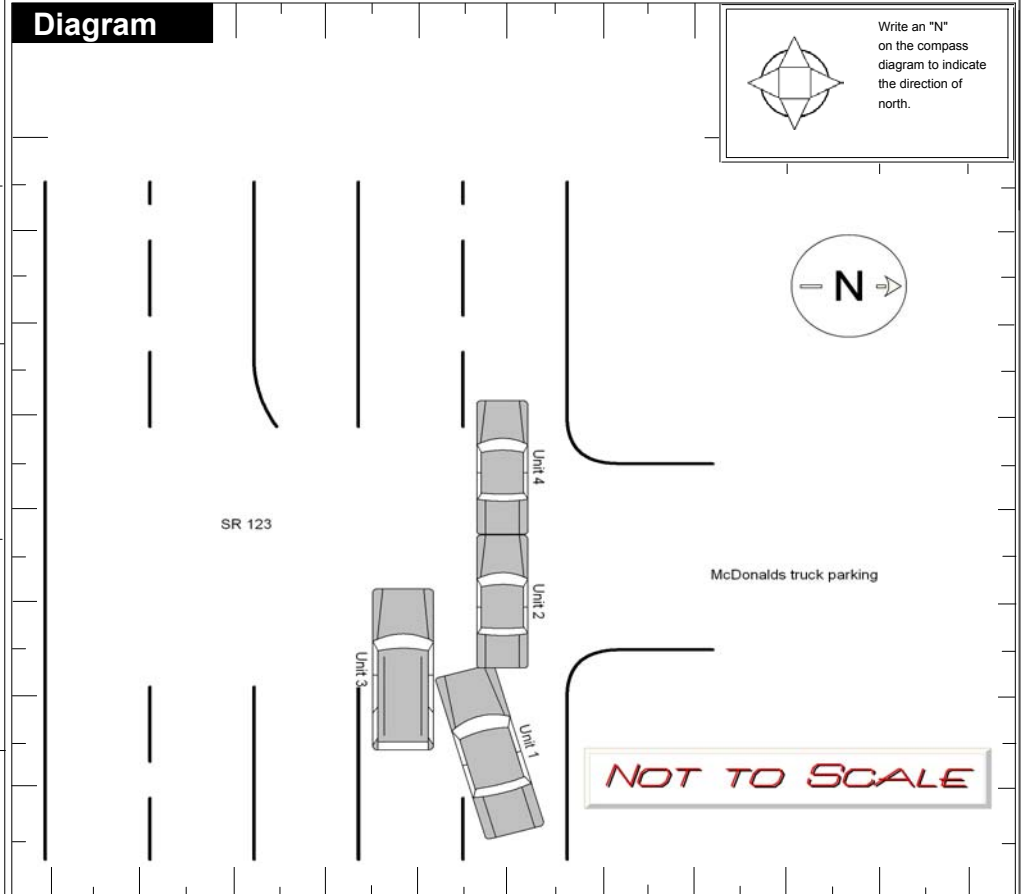
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## Workers Present

**1**

- 1 No
- 2 Yes
- 3 Unknown

## Diagram



## Weather

**04**

- 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 **2** Secondary **4**

- 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**  
**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.

<b>Cargo Body Type</b>	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	<b>Weight (GVWR)</b>	1 Less/Equal 10,000 2 10,001 - 26,000 3 More Than 26,000	<b>CDL Class</b>	1 Class A 2 Class B 3 Class C 4 Class M 5 Class D	<b>Hazardous Materials Placard</b>	1 No 2 Yes 3 Unknown	<b>Hazardous Material Released</b>	1 No 2 Yes 3 Not Applicable 4 Unknown
------------------------	---	--	---	----------------------	--	------------------	---	------------------------------------	----------------------------	------------------------------------	--

## Police Action

Date Crash Reported: **01272012** Time Rec Call: **0735** Dispatch: **0735** Arrived: **0745** Cleared: **0818** Other: **30** Total Minutes: **73**

Officer's Name: **Smith, Terry** Badge #: **1F32** Checked By: **Diekman, Edward** Date Report Filed: **01272012**

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 # \* **12-026**



<b>Unit Numbers</b> <input type="text" value="03"/> <input type="text" value="04"/>	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> <input type="text" value="01"/> <input type="text" value="01"/>	<b>Sequence Of Events</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text" value="20"/></td> </tr> <tr> <td><input type="text" value="2"/></td> <td><input type="text" value="2"/></td> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value="4"/></td> <td><input type="text" value="4"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	<b>Posted Speed</b> <input type="text" value="35"/> <input type="text" value="35"/>	<b>Drug Test Status</b> <input type="text" value="1"/>
A	B														
<input type="text" value="20"/>	<input type="text" value="20"/>														
<input type="text" value="2"/>	<input type="text" value="2"/>														
<input type="text" value="3"/>	<input type="text" value="3"/>														
<input type="text" value="4"/>	<input type="text" value="4"/>														
<b>Non-Motorist Location</b> <input type="text" value="A"/> <input type="text" value="B"/> 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	<b>Most Damaged Area</b> <input type="text" value="04"/> <input type="text" value="06"/>	<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 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 <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> <input type="text" value="01"/> <input type="text" value="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	<b>Drug Test Type</b> <input type="text" value="A"/> <input type="text" value="B"/> 1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown <b>Drug Test 1&amp;2 Result</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> 1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting										
<b>Type Of Unit</b> <input type="text" value="06"/> <input type="text" value="03"/> <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	<b>Point Of Impact</b> <input type="text" value="04"/> <input type="text" value="06"/> 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	<b>Contributing Circumstances</b> <input type="text" value="01"/> <input type="text" value="01"/> <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	<b>Condition</b> <input type="text" value="1"/> <input type="text" value="1"/> 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	<b>Direction</b> From To From To <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/> 1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown	<b>Type of Intersection</b> <input type="text" value="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										
<b>In Emergency Response</b> <input type="text" value="1"/> <input type="text" value="1"/> 1 No 2 Yes 3 Unknown <b>Damage Scale</b> <input type="text" value="2"/> <input type="text" value=""/> 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown	<b>Action</b> <input type="text" value="4"/> <input type="text" value="4"/> 1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown <b>Striking Vehicle: Override/ Underride</b> <input type="text" value="A"/> <input type="text" value="B"/> 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	<b>Vehicle Defect Code Only If '19' Selected Above</b> <input type="text" value="A"/> <input type="text" value="B"/> 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	<b>First Harmful Event</b> <input type="text" value="1"/> <input type="text" value="1"/> Of the Sequence of Events - Which one is the First Harmful Event (1-4) <b>Most Harmful Event</b> <input type="text" value="1"/> <input type="text" value="1"/> Of the Sequence of Events - Which One is the Most Harmful event (1-4)	<b>Alcohol/Drug Suspected</b> <input type="text" value="1"/> <input type="text" value="B"/> 1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown <b>Alcohol Test Status</b> <input type="text" value="1"/> <input type="text" value="1"/> 1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown <b>Alcohol Test Type</b> <input type="text" value="A"/> <input type="text" value="B"/> 1 None 2 Blood 3 Urine 4 Breath 5 Other	<b>Occurrence</b> <input type="text" value="1"/> 1 On Roadway 2 On Shoulder 3 In Median 4 On Roadside 5 On Gore 6 Outside Trafficway 7 Unknown <b>Road Contour</b> <input type="text" value="1"/> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade <b>Road Conditions</b> Primary <input type="text" value="02"/> Secondary <input type="text" value=""/> 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 <input type="text"/> Local Report # * <input type="text" value="12-026"/>															