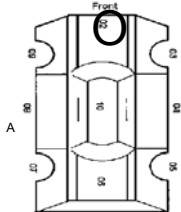




<p><b>Unit Numbers</b></p> <p><b>01</b> <b>02</b></p> <p><b>Non-Motorist Location</b></p> <p><b>06</b> <b>05</b></p> <p>01 Marked Crosswalk At Intersection  02 Intersection/ No Crosswalk  03 Non-Intersection Crosswalk  04 Driveway Access Crosswalk  05 In Roadway  06 Not In Roadway  07 Median (But Not 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>Type Of Unit</b></p> <p><b>07</b> <b>02</b></p> <p><b>Motorist</b></p> <p>01 Sub-Compact  02 Compact  03 Mid Size  04 Full Size  05 Minivan  06 Sport Utility Vehicle  07 Pickup  08 Panel/Van  09 Single Unit Truck; 2 Axles, 6 Tires  10 Single Unit Truck; 3+ Axles  11 Truck/Trailer  12 Truck Tractor (Bobtail)  13 Tractor/Semi-Trailer  14 Tractor/Double Short  15 Tractor/Double Long  16 Fifth Wheel Or Converter Dolly  17 Tractor/Triples  18 Motorcycle  19 Motorized Bicycle  20 School Bus  21 Church Bus  22 Public Bus  23 Other Bus  24 Police Vehicle  25 Fire Truck  26 Ambulance/Rescue  27 Taxi  28 Motor Home  29 Train  30 Farm Vehicle  31 Farm Equipment  32 Snowmobile  33 Construction Equipment  34 All Others  <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> <p><b>In Emergency Response</b></p> <p><b>1</b> <b>1</b></p> <p>1 No  2 Yes  3 Unknown</p> <p><b>Damage Scale</b></p> <p><b>1</b> <b>2</b></p> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<p><b>Damage Area</b></p>  <p><b>Diagram B: Front view of a vehicle showing damage area B in the rear end.</b></p> <p><b>Most Damaged Area</b></p> <p><b>01</b> <b>02</b></p> <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> <p><b>Point Of Impact</b></p> <p><b>02</b> <b>06</b></p> <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> <p><b>Action</b></p> <p><b>3</b> <b>5</b></p> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</p> <p><b>Striking Vehicle: Override/ Underride</b></p> <p><b>1</b> <b>1</b></p> <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>	<p><b>Pre-Crash Actions</b></p> <p><b>01</b> <b>11</b></p> <p><b>Motorist</b></p> <p>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</p> <p><b>Contributing Circumstances</b></p> <p><b>02</b> <b>01</b></p> <p><b>Motorist</b></p> <p>01 None  02 Failure To Yield  03 Ran Red Light, Or Stop Sign  04 Exceeded Speed Limit  05 Unsafe Speed  06 Improper Turn  07 Left of Center  08 Followed Too Closely/ACDA  09 Improper Lane Change/ Drove Off Road/ Improper Passing  10 Improper Backing  11 Improper Start From Parked Position  12 Stopped or Parked Illegally  13 Operating Vehicle In Erratic, Reckless, Careless, Negligent or Aggressive Manner  14 Swerving to Avoid (Due to Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)  15 Failure To Control  16 Vision Obstruction  17 Driver Inattention  18 Fatigue/Asleep  19 Operating Defective Equipment  20 Load Shifting/Falling/Spilling  21 Other Improper Action  22 Unknown  <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> <p><b>Vehicle Defect Code Only If '19' Selected Above</b></p> <p><b> </b> <b> </b></p> <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>	<p><b>Sequence Of Events</b></p> <p><b>A</b> <b>B</b></p> <p><b>20</b> <b>20</b></p> <p><b> </b> <b> </b></p> <p><b> </b> <b> </b></p> <p><b> </b> <b> </b></p> <p><b> </b> <b> </b></p> <p><b> </b> <b> </b></p> <p><b> </b> <b> </b></p> <p><b>Non-Collision</b></p> <p>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</p> <p><b>First Harmful Event</b></p> <p><b>1</b> <b>1</b></p> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p> <p><b>Most Harmful Event</b></p> <p><b>1</b> <b>1</b></p> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p> <p><b>Speed Detected</b></p> <p><b>2</b> <b>1</b></p> <p>1 Stated  2 Estimated Speed</p> <p><b>Speed</b></p> <p><b>10</b> <b> </b></p> <p><b>0</b> <b> </b></p>	<p><b>Posted Speed</b></p> <p><b>35</b> <b>35</b></p> <p><b>Traffic Control</b></p> <p><b>04</b> <b>04</b></p> <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> <p><b>Direction</b></p> <p>From To From To</p> <p><b>1</b> <b>2</b> <b>1</b> <b>2</b></p> <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p> <p><b>Condition</b></p> <p><b>1</b> <b>1</b></p> <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> <p><b>Alcohol/Drug Suspected</b></p> <p><b>1</b> <b>1</b></p> <p>1 None  2 Yes-Alcohol Suspected  3 Yes-HBD Not Impaired  4 Yes-Drugs Suspected  5 Yes-Alcohol / Drugs Suspected  6 Unknown</p> <p><b>Alcohol Test Status</b></p> <p><b>1</b> <b>1</b></p> <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>Alcohol Test Type</b></p> <p><b>1</b> <b>1</b></p> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p> <p><b>Alcohol Test Result</b></p> <p><b> </b> <b> </b> <b> </b></p> <p><b> </b> <b> </b> <b> </b></p>	<p><b>Drug Test Status</b></p> <p><b>1</b> <b>1</b></p> <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 Type</b></p> <p><b>1</b> <b>1</b></p> <p>1 None  2 Blood  3 Urine  4 Other</p> <p><b>Drug Test 1&amp;2 Result</b></p> <p><b>1</b> <b>1</b></p> <p>1 None  2 Marijuana  3 Cocaine  4 Opiates  5 Amphetamines  6 PCP  7 Other  8 Unknown at Time Of Reporting</p> <p><b>Type of Intersection</b></p> <p><b>01</b></p> <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> <p><b>Occurrence</b></p> <p><b>1</b></p> <p>1 On Roadway  2 On Shoulder  3 In Median  4 On Roadside  5 On Gore  6 Outside Trafficway  7 Unknown</p> <p><b>Road Contour</b></p> <p><b>1</b></p> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p> <p><b>Road Conditions</b></p> <p>Primary <b>02</b> Secondary <b> </b></p> <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</p> <p>** Secondary Road Conditions ONLY</p>
<p>Top Copy - ODPS Bottom Copy - Agency</p>		<p>Supplement * 'X' if Yes Local Report #*</p> <p><b>11-412</b></p>			

# Narrative

Units 2 and 3 were stopped at traffic light southbound on State Route 123 in front of Marathon Gas Station. Unit 1 failed to yield to stopped traffic and rear-ended Unit 2, causing Unit 2 to rear-end 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

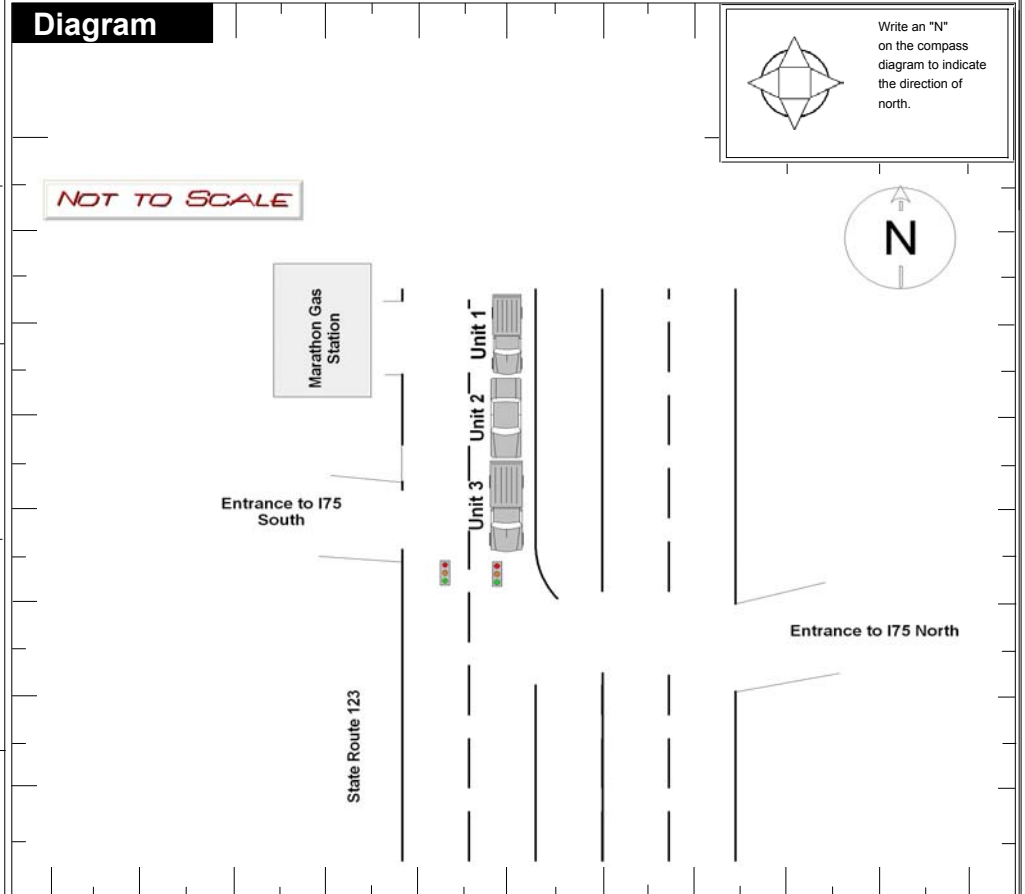
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

## Diagram



## 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.

<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
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## Police Action

Date Crash Reported: 11/28/2011 Time Rec Call: 1519 Dispatch: 1520 Arrived: 1522 Cleared: 1541 Other: 60 Total Minutes: 81

Officer's Name: CRAIG, AMANDA Badge #: 02101 Checked By: Smith, Terry Date Report Filed: 11/28/2011

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 #: 11-412

# OHIO TRAFFIC CRASH REPORT

<b>Local Report # *</b> 11-412	<b>Crash Severity</b> 3 1 Fatal 3 PDO 2 Injury 4 Unknown	<b>Private Property</b> X If Yes	<b>Hit / Skip</b> 1 Not Hit / Skip 2 Solved 3 Unsolved	<b>Photos Taken</b> X If Yes	<b>OH-2</b>	<b>OH-3</b>	<b>OH-1P</b>	<b>OTHER</b>
<b>N.C.I.C. # *</b> 08301	<b>Reporting Agency *</b> Franklin Police Department	<b># Units</b> 03	<b>Unit Error</b> 98 = Animal 99 = Unknown	<b>Date of Crash *</b> 11282011				
<b>Time of Crash</b> 1519	<b>Day of Week</b> MON	<b>City *</b> X	<b>Village *</b>	<b>TWP *</b>	<b>Name ( Of City, Village or Township ) *</b> Franklin	<b>County # *</b> 83	<b>Latitude</b>	<b>Longitude</b>

<b>CRASH OCCURRED ON</b>	<b>Type Location Point Used</b>	<b>LOCAL INFORMATION</b>
Prefix Crash Location N ST RT 123	Type Loc 3 1 Named Street 3 Numbered Route 2 Numbered Street	
<b>AT / REFERENCE</b>	<b>Reference Point Used</b>	<b>LOCAL INFORMATION</b>
Dist Reference DR Prefix Reference Marathon Gas Station	Ref Point 08 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

<b>Unit #</b> A 03	<b># of Occ.</b> 01	<b>Name (Last, First, Middle)</b> GIBBS JOSEPH M
<b>Address (Street, City, State, Zip Code)</b> 8401 RED LION FIVE POINTS RD SPRINGBORO OH 45066		

<b>Social Security Number</b>	<b>Date of Birth</b> 10271988	<b>Age</b> 23	<b>Sex</b> M	<b>Home Phone #</b>	<b>Work Phone #</b>	
<b>DL State</b> OH	<b>DL #</b> SV880133	<b>LP State</b> OH	<b>LP #</b> CN84BF	<b>Injured Taken By</b> 1 None 4 Other 2 EMS 5 Unknown 3 Police	<b>Transported By</b>	<b>Injured Taken To</b>
<b>Owner Name (if same, write "SAME")</b> JOHNSON MITCHEL L			<b>Address (Street, City, State, Zip Code)</b> 100 WALNUT AV CARLISLE OH 45005			
<b>Year</b> 2004	<b>Make</b> CHEV	<b>Model</b> AVA	<b>Color</b> BLK	<b>Insurance Company</b> State Farm	<b>Towing Service</b>	<b>Owner Phone #</b>

<b>Offense Charged</b>	<b>Offense Description</b>	<b>Citation #</b>	<b>Local Code? 'X' If Yes</b>

<b>Unit #</b> B	<b># of Occ.</b>	<b>Name (Last, First, Middle)</b>
<b>Address (Street, City, State, Zip Code)</b>		

<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Sex</b>	<b>Home Phone #</b>	<b>Work Phone #</b>	
<b>DL State</b>	<b>DL #</b>	<b>LP State</b>	<b>LP #</b>	<b>Injured Taken By</b> 1 None 4 Other 2 EMS 5 Unknown 3 Police	<b>Transported By</b>	<b>Injured Taken To</b>
<b>Owner Name (if same, write "SAME")</b>			<b>Address (Street, City, State, Zip Code)</b>			
<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Color</b>	<b>Insurance Company</b>	<b>Towing Service</b>	<b>Owner Phone #</b>

<b>Offense Charged</b>	<b>Offense Description</b>	<b>Citation #</b>	<b>Local Code? 'X' If Yes</b>

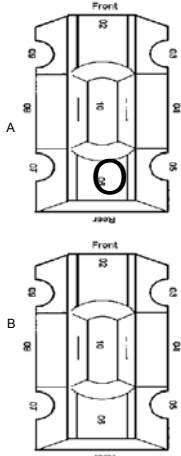
<b>Unit #</b> C	<b># of Occ.</b>	<b>Name (Last, First, Middle)</b>	<b>Home Phone #</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Sex</b>
<b>Address (Street, City, State, Zip Code)</b>			<b>Injured Taken By</b> 1 None 4 Other 2 EMS 5 Unknown 3 Police	<b>Transported By</b>	<b>Injured Taken To</b>	

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

<b>01</b> <b>Seating Position</b> 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	<b>04</b> <b>Safety Equipment</b> <b>Motorist</b> 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>Non-Motorist</b> 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	<b>1</b> <b>Air Bag</b> 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	<b>4</b> <b>Air Bag Switch</b> 1 Not Present 2 In On Position 3 In Off Position 4 Unknown	<b>1</b> <b>Ejection</b> 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	<b>1</b> <b>Trapped</b> 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	<b>1</b> <b>Injuries</b> 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown	<b>Supplement *</b> 'X' if Yes
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Motorist / Non-Motorist

Occupant

<b>Unit Numbers</b> <input type="text" value="03"/> <input type="text"/> <input type="text"/>	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> <input type="text" value="11"/> <input type="text"/> <input type="text"/>	<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"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Posted Speed</b> <input type="text" value="35"/> <input type="text"/> <input type="text"/>	<b>Drug Test Status</b> <input type="text" value="1"/> <input type="text"/>
A	B														
<input type="text" value="20"/>	<input type="text"/>														
<input type="text"/>	<input type="text"/>														
<input type="text"/>	<input type="text"/>														
<input type="text"/>	<input type="text"/>														
<b>Non-Motorist Location</b> <input type="text" value="05"/> <input type="text"/> <input type="text"/> 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="01"/> <input type="text"/> <input type="text"/>	<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="04"/> <input type="text"/> <input type="text"/> 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="1"/> <input type="text"/>										
<b>Type Of Unit</b> <input type="text" value="07"/> <input type="text"/> <input type="text"/> <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="06"/> <input type="text"/> <input type="text"/> 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"/> <input type="text"/> <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>First Harmful Event</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> Of the Sequence of Events - Which one is the First Harmful Event (1-4)	<b>Direction</b> From To From To <input type="text" value="12"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown	<b>Drug Test 1&amp;2 Result</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting										
<b>In Emergency Response</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 1 No 2 Yes 3 Unknown	<b>Action</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/> 1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown	<b>Vehicle Defect Code Only If '19' Selected Above</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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>Most Harmful Event</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> Of the Sequence of Events - Which One is the Most Harmful event (1-4)	<b>Condition</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 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>Alcohol/Drug Suspected</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown										
<b>Damage Scale</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown	<b>Striking Vehicle: Override/ Underride</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 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>Speed Detected</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 1 Stated 2 Estimated Speed	<b>Speed</b> <input type="text" value="0"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 None 2 Blood 3 Urine	<b>Alcohol Test Status</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown	<b>Road Contour</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade										
<b>Alcohol Test Type</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 None 2 Blood 3 Urine		<b>Alcohol Test Result</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>Road Conditions</b> Primary <input type="text" value="02"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Secondary <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 #* <input type="text" value="11-412"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													