

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-339	3 1 Fatal 3 PDO 2 Injury 4 Unknown	X If Yes	1 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	10062011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
0937	THU	X			Franklin	83		

CRASH OCCURRED ON	Type Location Point Used	LOCAL INFORMATION
Prefix Crash Location Conover Dr	Type Loc 1 1 Named Street 3 Numbered Route 2 Numbered Street	FERCO TECH
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 291 Conover Dr	Ref Point 10	

Unit #	# of Occ.	Name (Last, First, Middle)
A 01 01		ETTER ANTHONY P
Address (Street, City, State, Zip Code) 73 FAULKNER WAY FRANKLIN OH 45005		

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #	
	01251972	39	M			
DL State	DL #	LP State	LP #	Injured Taken By	Injured Taken To	
OH	SU415548	OH	FJB3215	1 1 None 4 Other 2 EMS 5 Unknown 3 Police		
Owner Name (if same, write "SAME")	Address (Street, City, State, Zip Code)					
ETTER ANTHONY P	73 FAULKNER WAY FRANKLIN OH 45005					
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
2002	CHEV	TRK	MAR	Cincinnati Ins. Meeker And	Fugates Auto	
Offense Charged	Offense Description	Citation #	Local Code? 'X' If Yes			
331.34	Failure To Maintain Control	1495	X			

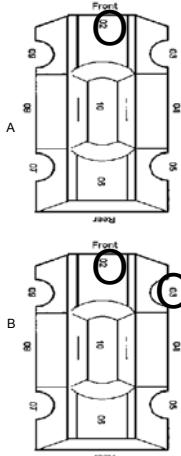
Motorist / Non-Motorist

Unit #	# of Occ.	Name (Last, First, Middle)				
B 02		PELFREY JEFFREY C				
Address (Street, City, State, Zip Code) 4434 CATALINA DR DAYTON OH 45416						
Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #	
DL State	DL #	LP State	LP #	Injured Taken By	Injured Taken To	
OH		OH	539YET	1 1 None 4 Other 2 EMS 5 Unknown 3 Police		
Owner Name (if same, write "SAME")	Address (Street, City, State, Zip Code)					
PELFREY JEFFREY C	4434 CATALINA DR DAYTON OH 45416					
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
2000	GMC	SONOM	GRY	State Farm		
Offense Charged	Offense Description	Citation #	Local Code? 'X' If Yes			

Occupant

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		
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 Non-Motorist 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
						Supplement * 'X' if Yes

Unit Numbers <input type="text" value="01"/> <input type="text" value="02"/>	Damage Area 	Pre-Crash Actions <input type="text" value="13"/> <input type="text" value="10"/>	Sequence Of Events <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"/></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" value="20"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Posted Speed <input type="text" value="25"/> <input type="text"/>	Drug Test Status <input type="text" value="1"/> <input type="text"/>
A	B																
<input type="text" value="20"/>	<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"/>	<input type="text"/>																
Non-Motorist Location <input type="text"/> <input type="text"/>	Most Damaged Area <input type="text" value="02"/> <input type="text" value="03"/>	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 <input type="text" value="12"/> <input type="text" value="01"/>	Drug Test Type <input type="text"/> <input type="text"/>												
Type Of Unit <input type="text" value="07"/> <input type="text" value="07"/>	Point Of Impact <input type="text" value="02"/> <input type="text" value="03"/>	Contributing Circumstances <input type="text" value="15"/> <input type="text" value="01"/>	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	Direction From To From To <input type="text" value="21"/> <input type="text"/>	Drug Test 1&2 Result <input type="text"/> <input type="text"/>												
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 <input type="text" value="3"/> <input type="text" value="4"/>	Vehicle Defect Code Only If '19' Selected Above <input type="text"/> <input type="text"/>	First Harmful Event <input type="text" value="1"/> <input type="text" value="1"/>	Condition <input type="text" value="1"/> <input type="text"/>	Type of Intersection <input type="text" value="01"/>												
In Emergency Response <input type="text" value="1"/> <input type="text" value="1"/>	Striking Vehicle: Override/ Underride <input type="text"/> <input type="text"/>	Speed Detected <input type="text" value="1"/> <input type="text"/>	Most Harmful Event <input type="text" value="1"/> <input type="text" value="1"/>	Alcohol/Drug Suspected <input type="text" value="1"/> <input type="text"/>	Occurrence <input type="text" value="6"/>												
Damage Scale <input type="text" value="4"/> <input type="text" value="3"/>	Damage Scale <input type="text" value="4"/> <input type="text" value="3"/>	Speed <input type="text" value="25"/> <input type="text"/>	Alcohol Test Status <input type="text"/> <input type="text"/>	Alcohol Test Type <input type="text"/> <input type="text"/>	Road Contour <input type="text" value="3"/>												
Supplement * 'X' if Yes		Local Report # *		<input type="text" value="11-339"/>													

Narrative

This crash occurred when the driver of unit 1 left the roadway to the left while traveling north on Conover Drive. The driver of unit 1 struck two unoccupied vehicles parked in parking spaces at 291 Conover Dr. The driver of unit 1 stated that he fell asleep and lost control of his vehicle prior to striking units 2 and 3. No injury was reported from this crash. The driver of unit 1 was cited for Failure to Control.

Manner Of Collision or Impact

6

- 1 Not Collision Between Two Vehicles In Transport
- 2 Rear-end
- 3 Head-on
- 4 Rear-To-Rear
- 5 Backing
- 6 Angle
- 7 Sideswipe, Same Direction
- 8 Sideswipe, Opposite Direction
- 9 Unknown

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

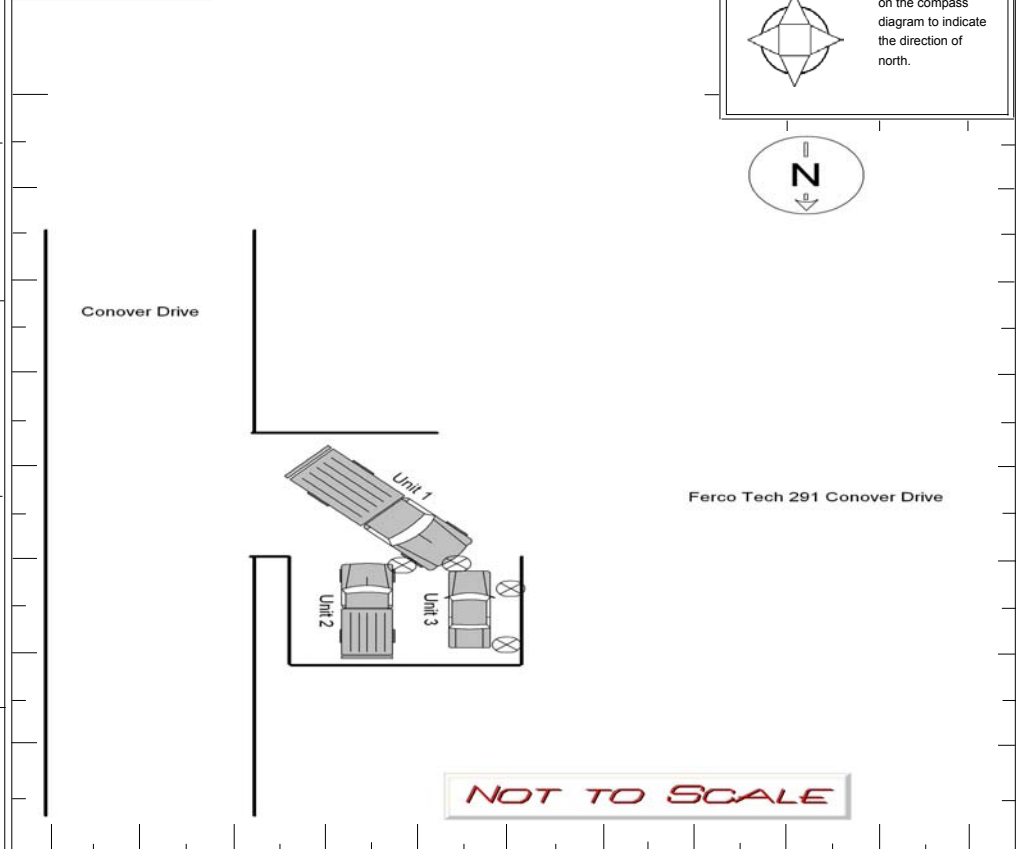
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

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.

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
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Police Action

Date Crash Reported: 10062011 Time Rec Call: 0833 Dispatch: 0833 Arrived: 0837 Cleared: 0919 Other: 64 Total Minutes: 110

Officer's Name: Dunham, Steven Badge #: 1F34 Checked By: Smith, Terry Date Report Filed: 10062011

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 #: 11-339

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-339	3 1 Fatal 3 PDO 2 Injury 4 Unknown	'X' If Yes	1 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	10062011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
0937	THU	X			Franklin	83		

CRASH OCCURRED ON	Type Location Point Used	LOCAL INFORMATION
Prefix Crash Location Conover Dr	Type Loc 1 1 Named Street 3 Numbered Route 2 Numbered Street	FERCO TECH
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 291 Conover Dr	Ref Point 10	

Unit #	# of Occ.	Name (Last, First, Middle)
A 03		
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
		OH	FEJ2753				
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)				
HINES DYLAN M			202 SHADOW LAKE MASON OH 45040				
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #	
1991	TOYT	CAM	BLU	Alfa Insurance			
Offense Charged	Offense Description	Citation #	Local Code? 'X' If Yes				

Motorist / Non-Motorist

Unit #	# of Occ.	Name (Last, First, Middle)
B		
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				

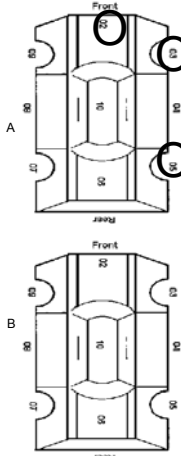
Occupant

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		

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		

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

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

Unit Numbers <input type="text" value="03"/> <input type="text"/> <input type="text"/>	Damage Area 	Pre-Crash Actions <input type="text" value="10"/> <input type="text"/> <input type="text"/>	Sequence Of Events <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> <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"/>	<input type="text"/>	<input type="text"/>	Posted Speed <input type="text"/> <input type="text"/> <input type="text"/>	Drug Test Status <input type="text"/> <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"/>																
<input type="text"/>	<input type="text"/>																
Non-Motorist Location <input type="text"/> <input type="text"/> <input type="text"/> <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 <input type="text" value="02"/> <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> <input type="text"/> <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 <input type="text"/> <input type="text"/> <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 <input type="text" value="02"/> <input type="text"/> <input type="text"/> <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</p>	Point Of Impact <input type="text" value="02"/> <input type="text"/> <input type="text"/> <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>	Contributing Circumstances <input type="text" value="01"/> <input type="text"/> <input type="text"/> <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</p>	First Harmful Event <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Direction From To From To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p>	Drug Test 1&2 Result <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting</p>												
In Emergency Response <input type="text"/> <input type="text"/> <p>1 No 2 Yes 3 Unknown</p>	Action <input type="text" value="4"/> <input type="text"/> <input type="text"/> <p>1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown</p>	Vehicle Defect Code Only If '19' Selected Above <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Condition <input type="text"/> <input type="text"/> <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>	Type of Intersection <input type="text" value="01"/> <input type="text"/> <input type="text"/> <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>												
Damage Scale <input type="text" value="4"/> <input type="text"/> <input type="text"/> <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	Striking Vehicle: Override/ Underride <input type="text"/> <input type="text"/> <input type="text"/> <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>		Speed Detected <input type="text"/> <input type="text"/> <input type="text"/> <p>1 Stated 2 Estimated Speed</p>	Alcohol/Drug Suspected <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown</p>	Road Contour <input type="text" value="3"/> <input type="text"/> <input type="text"/> <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p>												
			Speed <input type="text" value="0"/> <input type="text"/> <input type="text"/>	Alcohol Test Status <input type="text"/> <input type="text"/> <input type="text"/> <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 Conditions Primary <input type="text" value="01"/> <input type="text"/> <input type="text"/> Secondary <input type="text"/> <input type="text"/> <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>												
				Alcohol Test Type <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p>	Alcohol Test Result <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												
				Local Report # * <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Supplement * 'X' if Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												