

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-357	2 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	10182011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
0956	TUE	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	ANDERSON ST	
6th	ST	3			
AT / REFERENCE			Reference Point Used		
Dist Reference	DR	Prefix	Reference	Ref Point	08
			Anderson		

Unit #	# of Occ.	Name (Last, First, Middle)
A 01 01		STANTON CHAISE L
Address (Street, City, State, Zip Code)		
466 MOUND AVE MIAMISBURG OH 45342		

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	11261982	28	M	(937) 623-7911	
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police
OH	RY754576	OH	FAA8699	1	
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)		
STANTON CHAISE L			466 MOUND AVE MIAMISBURG OH 45342		
Year	Make	Model	Color	Insurance Company	Towing Service
1999	DODG	DUR	DBU	Progressive	Fugates Auto
Offense Charged	Offense Description	Citation #	Local Code? 'X' If Yes		
313.03C	Red Light Violation	01044	X		

Motorist / Non-Motorist

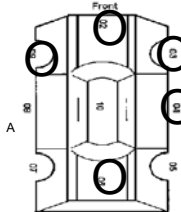
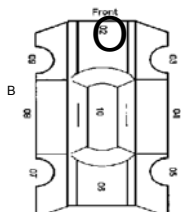
Unit #	# of Occ.	Name (Last, First, Middle)
B 02 01		COLLINS GLENN
Address (Street, City, State, Zip Code)		
4868 N UNION RD Franklin OH 45005-0000		

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	08151934	77		(937) 743-4344	
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police
OH	RK317971	OH	DBD4250	2	
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)		
COLLINS GLENN			4868 N UNION RD Franklin OH 45005-0000		
Year	Make	Model	Color	Insurance Company	Towing Service
2004	CHEV	TRK	DBU	Homeowners Ins	A-1 Industrial Inc W
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 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
						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="01"/> <input type="text" value="01"/>	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" 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"/>	Posted Speed <input type="text" value="25"/> <input type="text" value="25"/>	Drug Test Status <input type="text" value="A"/> <input type="text" value="B"/>
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"/>														
Non-Motorist Location <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	 Most Damaged Area <input type="text" value="03"/> <input type="text" value="02"/>	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="04"/> <input type="text" value="04"/> 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	Drug Test Type <input type="text" value="A"/> <input type="text" value="B"/> 01 None 02 Test Refused 03 Test Given, Contaminated Sample/Unusable 04 Test Given, Results Known 05 Test Given, Results Unknown 06 Unknown Drug Test 1&2 Result <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> 01 None 02 Marijuana 03 Cocaine 04 Opiates 05 Amphetamines 06 PCP 07 Other 08 Unknown at Time Of Reporting										
Type Of Unit <input type="text" value="06"/> <input type="text" value="07"/> 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	Point Of Impact <input type="text" value="03"/> <input type="text" value="02"/> 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	Contributing Circumstances <input type="text" value="03"/> <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	First Harmful Event <input type="text" value="1"/> <input type="text" value="1"/> Of the Sequence of Events - Which one is the First Harmful Event (1-4)	Direction From To From To <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="1"/> 01 North 02 South 03 East 04 West 05 Northeast 06 Northwest 07 Southeast 08 Southwest 09 Unknown	Type of Intersection <input type="text" value="02"/> 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										
In Emergency Response <input type="text" value="1"/> <input type="text" value="1"/> 01 No 02 Yes 03 Unknown	Action <input type="text" value="4"/> <input type="text" value="3"/> 01 Non-Contact 02 Non-Collision 03 Striking 04 Struck 05 Both Striking And Struck 06 Unknown	Vehicle Defect Code Only If '19' Selected Above <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	Most Harmful Event <input type="text" value="1"/> <input type="text" value="1"/> Of the Sequence of Events - Which One is the Most Harmful event (1-4)	Condition <input type="text" value="1"/> <input type="text" value="1"/> 01 Apparently Normal 02 Physical Impairment 03 Emotional 04 Illness 05 Fell Asleep, Fainted, Fatigued, Etc. 06 Under The Influence Of Medications/Drugs/Alcohol 07 Other 08 Unknown	Alcohol/Drug Suspected <input type="text" value="1"/> <input type="text" value="1"/> 01 None 02 Yes-Alcohol Suspected 03 Yes-HBD Not Impaired 04 Yes-Drugs Suspected 05 Yes-Alcohol / Drugs Suspected 06 Unknown										
Damage Scale <input type="text" value="5"/> <input type="text" value="A"/> 01 None 02 Non-Functional Damage 03 Functional Damage 04 Disabling Damage 05 Severe 06 Unknown	Striking Vehicle: Override/ Underride <input type="text" value="A"/> <input type="text" value="1"/> 01 No Underride Or Override 02 Underride, Compartment Intrusion 03 Underride, No Compartment Intrusion 04 Underride, Compartment Intrusion Unknown 05 Underride, Motor Vehicle In Transport 06 Override , Other Vehicle 07 Unknown	Speed Detected <input type="text" value="1"/> <input type="text" value="2"/> 01 Stated 02 Estimated Speed	Alcohol Test Status <input type="text" value="A"/> <input type="text" value="B"/> 01 None 02 Test Refused 03 Test Given, Contaminated Sample/Unusable 04 Test Given, Results Known 05 Test Given, Results Unknown 06 Unknown	Alcohol Test Type <input type="text" value="A"/> <input type="text" value="B"/> 01 None 02 Blood 03 Urine 04 Breath 05 Other	Road Contour <input type="text" value="1"/> 01 Straight Level 02 Straight Grade 03 Curve Level 04 Curve Grade										
Alcohol Test Result <input type="text" value="A"/> <input type="text" value="B"/> 01 None 02 Blood 03 Urine 04 Breath 05 Other	Road Conditions Primary <input type="text" value="01"/> Secondary <input type="text" value="A"/> 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	Speed <input type="text" value="25"/> <input type="text" value="A"/> <input type="text" value="B"/> 01 Stated 02 Estimated Speed	Alcohol Test Result <input type="text" value="A"/> <input type="text" value="B"/> 01 None 02 Blood 03 Urine 04 Breath 05 Other	Supplement * 'X' if Yes <input type="text" value="1"/> <input type="text" value="1"/>	Local Report # * <input type="text" value="11-357"/>										

Narrative

Unit # 1 was E.B. on 6th St, Unit #2 was N.B on Anderson St, unit #3 was stopped at the traffic signal W.B. on 6th St.
 Unit # 1 failed to stop for the red light while traveling east on 6th St, striking unit # 2 crossing 6th on Anderson, sending unit # 1 into Unit #3

Manner Of Collision or Impact <input checked="" type="checkbox"/> 1 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
Weather <input checked="" type="checkbox"/> 02 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 type="checkbox"/> 1 1 No 2 Yes 3 Unknown Type of Work Zone <input type="checkbox"/> 1 1 Lane Closure 2 Lane Shift/Crossover 3 Work On Shoulder Or Median 4 Intermittent/Moving Work 5 Other	
Light Conditions Primary <input checked="" type="checkbox"/> 1 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	Location Of Crash In <input type="checkbox"/> 1 1 Before First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area Workers Present <input type="checkbox"/> 1 1 No 2 Yes 3 Unknown	

Truck/Bus Unit # <input type="text"/> Company (From Shipping Papers) <input type="text"/> Address (Street, City, St, Zip Code) <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.
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US DOT	ICC MC	PUCO	Trailer LP St.	Trailer LP Year	Trailer LP #	Placard #	# Dia.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cargo Body Type	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Material Released
<input type="checkbox"/> 01 Not Applicable <input type="checkbox"/> 02 Bus (9-15) Including Driver <input type="checkbox"/> 03 Van/Enclosed Box <input type="checkbox"/> 04 Grain/Chips/Gravel <input type="checkbox"/> 05 Pole <input type="checkbox"/> 06 Cargo Tan <input type="checkbox"/> 07 Flatbed <input type="checkbox"/> 08 Dump <input type="checkbox"/> 09 Concrete Mixer <input type="checkbox"/> 10 Auto Transporter <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Other <input type="checkbox"/> 13 Unknown	<input type="checkbox"/> 1 Less/Equal 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 More Than 26,000	<input type="checkbox"/> 1 Class A <input type="checkbox"/> 2 Class B <input type="checkbox"/> 3 Class C <input type="checkbox"/> 4 Class M <input type="checkbox"/> 5 Class D	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Unknown	<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	
10182011	0858	0858	0901	0947	25	74	
Officer's Name *	Badge # *	Checked By	Date Report Filed *				
Smith, Terry	1F32	Smith, Terry	10182011				
Report Taken By	Report Taken At	Supplement *	Local Report # *				
<input type="checkbox"/> 1 Police Agency <input type="checkbox"/> 2 Motorist	<input type="checkbox"/> 1 Scene <input type="checkbox"/> 2 Station <input type="checkbox"/> 3 Other	<input type="checkbox"/> X if Yes	11-357				

OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
11-357		2 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		10182011									
Time of Crash		Day of Week		City *		Village *		TWP *		Name (Of City, Village or Township) *		County # *		Latitude		Longitude	
0956		TUE		X						Franklin		83					

CRASH OCCURRED ON			Type Location Point Used			LOCAL INFORMATION		
Prefix Crash Location			Type Loc			1 Named Street 3 Numbered Route		
6th ST			3			2 Numbered Street		
AT / REFERENCE			Reference Point Used			04 House Number 08 Place Name W/O Reference		
Dist Reference DR Prefix Reference			Ref Point			05 Township Boundary 09 Driveway		
Anderson			08			06 Mile Post 10 Street or Route W/O Reference		
			02 Intersection 2 Streets			07 Corporation Limit		

Unit #		# of Occ.		Name (Last, First, Middle)	
A 03 01				SEDLAK ANDREW A	
Address (Street, City, State, Zip Code)					
3013 MILL POND DR BELLBROOK OH 45305					

Social Security Number		Date of Birth		Age		Sex		Home Phone #		Work Phone #			
		11061987		23		M		(740) 412-2189					
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 SS548082		OH FAS4234		1									
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)									
SEDLAK ANDREW A				3013 MILL POND DR BELLBROOK OH 45305									
Year		Make		Model		Color		Insurance Company		Towing Service		Owner Phone #	
2009		HOND		ACC		SIL		American Select		Northern Sunoco		(740) 412-2189	

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 #	

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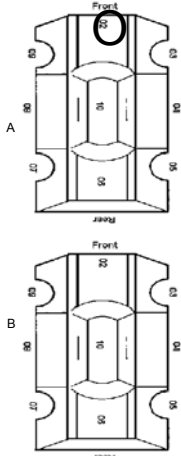
Occupant

Unit #		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex	
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Address (Street, City, State, Zip Code)				Injured Taken By		Transported By		Injured Taken To			
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Unit #		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex	
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Address (Street, City, State, Zip Code)				Injured Taken By		Transported By		Injured Taken To			
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A		B		C		D		E		F			
B		C		D		E		F		G			
C		D		E		F		G		H			
D		E		F		G		H		I			

Supplement * 'X' if Yes

Unit Numbers <input type="text" value="03"/> <input type="text"/> <input type="text"/> <input type="text"/>	Damage Area 	Pre-Crash Actions <input type="text" value="11"/> <input type="text"/> <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"/> <input type="text"/></td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <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"/> <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"/> <input type="text"/> <input type="text"/>	Drug Test Status <input type="text"/> <input type="text"/>		
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Non-Motorist Location <input type="text"/> <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"/> <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" value="04"/> <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"/> <input type="text"/>	Point Of Impact <input type="text" value="02"/> <input type="text"/> <input type="text"/> <input type="text"/>	Contributing Circumstances <input type="text" value="01"/> <input type="text"/> <input type="text"/> <input type="text"/>	Direction <table border="1"> <tr> <td>From</td> <td>To</td> <td>From</td> <td>To</td> </tr> <tr> <td><input type="text" value="34"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p>	From	To	From	To	<input type="text" value="34"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Condition <input type="text" value="1"/> <input type="text"/> <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>	Drug Test 1&2 Result <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></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"/> <input type="text"/>	<input type="text"/> <input type="text"/>
From	To	From	To														
<input type="text" value="34"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
A	B																
<input type="text"/> <input type="text"/>	<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="4"/> <input type="text"/> <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>	First Harmful Event <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Alcohol/Drug Suspected <input type="text" value="1"/> <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>	Occurrence <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 On Roadway 2 On Shoulder 3 In Median 4 On Roadside 5 On Gore 6 Outside Trafficway 7 Unknown</p>												
In Emergency Response <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 No 2 Yes 3 Unknown</p>	Striking Vehicle: Override/ Underride <input type="text"/> <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" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 Stated 2 Estimated Speed</p>	Most Harmful Event <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Alcohol Test Status <input type="text" value="1"/> <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 Contour <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p>												
Damage Scale <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	Alcohol Test Type <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p>	Speed <input type="text" value="0"/> <input type="text"/> <input type="text"/> <input type="text"/>	Alcohol Test Result <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Alcohol Test Result <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Road Conditions <table border="1"> <tr> <td>Primary</td> <td>Secondary</td> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text"/></td> </tr> </table> <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>	Primary	Secondary	<input type="text" value="01"/>	<input type="text"/>								
Primary	Secondary																
<input type="text" value="01"/>	<input type="text"/>																
Supplement * 'X' if Yes		Local Report # * <input type="text" value="11-357"/>															