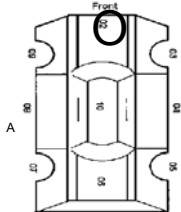
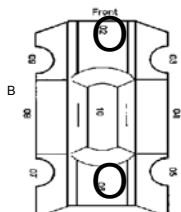


<p>Unit Numbers</p> <p><input type="text" value="01"/> <input type="text" value="02"/></p> <p>Non-Motorist Location</p> <p><input type="text" value=""/> <input type="text" value=""/></p> <p>01 Marked Crosswalk At Intersection 02 Intersection/ No Crosswalk 03 Non-Intersection Crosswalk 04 Driveway Access 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>Type Of Unit</p> <p><input type="text" value="05"/> <input type="text" value="03"/></p> <p>Motorist</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 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> <p>In Emergency Response</p> <p><input type="text" value="1"/> <input type="text" value="1"/></p> <p>1 No 2 Yes 3 Unknown</p> <p>Damage Scale</p> <p><input type="text" value="2"/> <input type="text" value="3"/></p> <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	<p>Damage Area</p> <p></p> <p></p> <p>Most Damaged Area</p> <p><input type="text" value="09"/> <input type="text" value="05"/></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>Point Of Impact</p> <p><input type="text" value="09"/> <input type="text" value="05"/></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>Action</p> <p><input type="text" value="3"/> <input type="text" value="4"/></p> <p>1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown</p> <p>Striking Vehicle: Override/ Underride</p> <p><input type="text" value="1"/> <input type="text" value=""/></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>Pre-Crash Actions</p> <p><input type="text" value="03"/> <input type="text" value="11"/></p> <p>Motorist</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 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</p> <p>Contributing Circumstances</p> <p><input type="text" value="17"/> <input type="text" value="01"/></p> <p>Motorist</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 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> <p>Vehicle Defect Code Only If '19' Selected Above</p> <p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></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>Sequence Of Events</p> <p>A <input type="text" value="20"/> <input type="text" value="20"/></p> <p>B <input type="text" value="20"/> <input type="text" value="20"/></p> <p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p>Non-Collision</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 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</p> <p>First Harmful Event</p> <p><input type="text" value="1"/> <input type="text" value="1"/></p> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p> <p>Most Harmful Event</p> <p><input type="text" value="1"/> <input type="text" value="1"/></p> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p> <p>Speed Detected</p> <p><input type="text" value="1"/> <input type="text" value="1"/></p> <p>1 Stated 2 Estimated Speed</p> <p>Speed</p> <p><input type="text" value="25"/> <input type="text" value=""/></p> <p><input type="text" value="0"/> <input type="text" value=""/></p>	<p>Posted Speed</p> <p><input type="text" value="40"/> <input type="text" value="40"/></p> <p>Traffic Control</p> <p><input type="text" value="12"/> <input type="text" value="12"/></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>Direction</p> <p>From To From To</p> <p><input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/></p> <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p> <p>Condition</p> <p><input type="text" value="1"/> <input type="text" value="1"/></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>Alcohol/Drug Suspected</p> <p><input type="text" value="1"/> <input type="text" value="1"/></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>Alcohol Test Status</p> <p><input type="text" value="1"/> <input type="text" value="1"/></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>Alcohol Test Type</p> <p><input type="text" value="1"/> <input type="text" value="1"/></p> <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p> <p>Alcohol Test Result</p> <p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p>	<p>Drug Test Status</p> <p><input type="text" value=""/> <input type="text" value=""/></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>Drug Test Type</p> <p><input type="text" value=""/> <input type="text" value=""/></p> <p>1 None 2 Blood 3 Urine 4 Other</p> <p>Drug Test 1&2 Result</p> <p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p>1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting</p> <p>Type of Intersection</p> <p><input type="text" value="10"/></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>Occurrence</p> <p><input type="text" value="1"/></p> <p>1 On Roadway 2 On Shoulder 3 In Median 4 On Roadside 5 On Gore 6 Outside Trafficway 7 Unknown</p> <p>Road Contour</p> <p><input type="text" value="2"/></p> <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p> <p>Road Conditions</p> <p>Primary <input type="text" value="01"/> Secondary <input type="text" value=""/></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>Supplement * 'X' if Yes</p> <p>Local Report #*</p> <p><input type="text" value="11-311"/></p>	

Narrative

This crash occurred when the driver of unit 1 struck unit 2 causing unit 2 to strike unit 3. Unit 1 and Unit 2 were stopped in traffic when struck. I observed minor visible damage to the front of unit 1, visible damage to the rear of unit 2, and no visible damage to the front of unit 2 or rear of unit 3. None of the parties requested EMS. The driver of unit 1 was cited for ACDA.

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

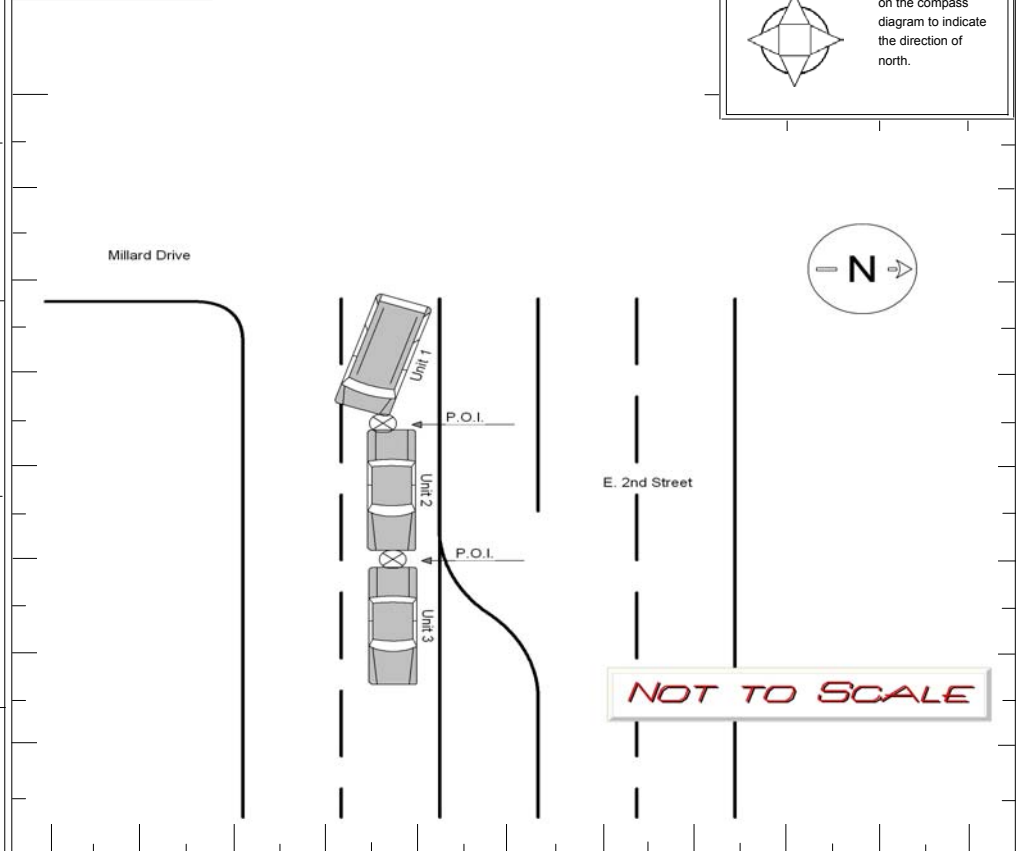
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

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.

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)	<input type="text"/> 1 Less/Equal 10,000 <input type="text"/> 2 10,001 - 26,000 <input type="text"/> 3 More Than 26,000	CDL Class	<input type="text"/> 1 Class A <input type="text"/> 2 Class B <input type="text"/> 3 Class C <input type="text"/> 4 Class M <input type="text"/> 5 Class D	Hazardous Materials Placard	<input type="text"/> 1 No <input type="text"/> 2 Yes <input type="text"/> 3 Unknown	Hazardous Material Released	<input type="text"/> 1 No <input type="text"/> 2 Yes <input type="text"/> 3 Not Applicable <input type="text"/> 4 Unknown
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Police Action

Date Crash Reported: **09192011** Time Rec Call: **0802** Dispatch: **0804** Arrived: **0806** Cleared: **0826** Other: **48** Total Minutes: **70**

Officer's Name: **Dunham, Steven** Badge #: **1F34** Checked By: **Smith, Terry** Date Report Filed: **09192011**

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 #: **11-311**

OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
11-311		1 Fatal 3 PDO 2 Injury 4 Unknown		X If Yes		1 Not Hit / Skip 2 Solved 3 Unsolved		X If Yes									
N.C.I.C. # *		Reporting Agency *		# Units		Unit Error		Date of Crash *									
08301		Franklin Police Department		03		01 98 = Animal 99 = Unknown		09192011									
Time of Crash		Day of Week		City *		Village *		TWP *		Name (Of City, Village or Township) *		County # *		Latitude		Longitude	
0802		MON		Franklin						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		MILLARD DR			
E	2ND ST		2						
AT / REFERENCE			Reference Point Used			04 House Number 08 Place Name W/O Reference			
Dist Reference	DR	Prefix	Reference	Ref Point	01 State Line 05 Township Boundary 09 Driveway		06 Mile Post 10 Street or Route W/O Reference		
			Millard Drive	02					

Unit #	# of Occ.	Name (Last, First, Middle)	
A 03 01		GREWELL KIMBERLY A	
Address (Street, City, State, Zip Code)			
19 ARLINGTON DR FRANKLIN OH 45005			

Social Security Number		Date of Birth		Age		Sex		Home Phone #		Work Phone #	
		08201968		43		F					
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	RL148302	OH	ELK1597	1							
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)							
GREWELL WADE A				19 ARLINGTON DR FRANKLIN OH 45005							
Year	Make	Model	Color	Insurance Company		Towing Service		Owner Phone #			
1994	TOYT	CAM	BLU	Erie 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		

01	Seating Position
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

04	Safety Equipment
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

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

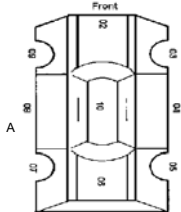
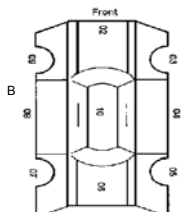
1	Air Bag Switch
A	1 Not Present
B	2 In On Position
C	3 In Off Position
D	4 Unknown

1	Ejection
A	1 Not Ejected
B	2 Totally Ejected
C	3 Partially Ejected
D	4 Not Applicable
	5 Unknown

1	Trapped
A	1 Not Trapped
B	2 Extricated By Mechanical Means
C	3 Freed BY Non-Mechanical Means
D	4 Unknown

1	Injuries
A	1 No Injury
B	2 Possible
C	3 Non-Incapacitating
D	4 Incapacitating
	5 Fatal Injury
	6 Unknown

Supplement *
'X' if Yes

<p>Unit Numbers</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">03</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<p>Damage Area</p> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <p>Most Damaged Area</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<p>Pre-Crash Actions</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">11</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <p>Motorist</p> <ol style="list-style-type: none"> 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 <p>Non-Motorist</p> <ol style="list-style-type: none"> 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>Sequence Of Events</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px;">A</td> <td style="border: 1px solid black; padding: 2px; width: 50px;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">20</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">1</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">2</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">3</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">4</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">4</td> </tr> </table> <p>Non-Collision</p> <ol style="list-style-type: none"> 01 Overtun/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 <p>Collision w/ Person, Vehicle, Or Object Not Fixed</p> <ol style="list-style-type: none"> 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 <p>Collision with Fixed Object</p> <ol style="list-style-type: none"> 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 	A	B	20	1	2	2	3	3	4	4	<p>Posted Speed</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">40</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<p>Drug Test Status</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	
A	B															
20	1															
2	2															
3	3															
4	4															
<p>Non-Motorist Location</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 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>Type Of Unit</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">03</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <p>Motorist</p> <ol style="list-style-type: none"> 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 <p>Non-Motorist</p> <ol style="list-style-type: none"> 35 Animal W/Rider 36 Animal W/Buggy 37 Bicycle 38 Pedestrian 39 Pedalcyclist 40 Skater 41 Other-Non Motorist 42 Unknown 	<p>Contributing Circumstances</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <p>Motorist</p> <ol style="list-style-type: none"> 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 <p>Non-Motorist</p> <ol style="list-style-type: none"> 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>Direction</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">From</td> <td style="border: 1px solid black; padding: 2px;">To</td> <td style="border: 1px solid black; padding: 2px;">From</td> <td style="border: 1px solid black; padding: 2px;">To</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">43</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">B</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">B</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">B</td> </tr> </table> <ol style="list-style-type: none"> 1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown 	From	To	From	To	43	B	B	B	<p>Drug Test Type</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown <p>Drug Test 1&2 Result</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px;">A</td> <td style="border: 1px solid black; padding: 2px; width: 50px;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">1 2</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">1 2</td> </tr> </table> <ol style="list-style-type: none"> 1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting 	A	B	1 2	1 2
From	To	From	To													
43	B	B	B													
A	B															
1 2	1 2															
<p>In Emergency Response</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 No 2 Yes 3 Unknown 	<p>Point Of Impact</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">06</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 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>Vehicle Defect Code Only If '19' Selected Above</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 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>Alcohol/Drug Suspected</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown 	<p>Alcohol Test Status</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown 	<p>Road Contour</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade 											
<p>Damage Scale</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown 	<p>Action</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">4</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown 	<p>Speed Detected</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 Stated 2 Estimated Speed 	<p>Alcohol Test Type</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 None 2 Blood 3 Urine 4 Breath 5 Other 	<p>Alcohol Test Result</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<p>Road Conditions</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px;">Primary</td> <td style="border: 1px solid black; padding: 2px; width: 50px;">Secondary</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">01</td> <td style="border: 1px solid black; padding: 2px; text-align: center;"></td> </tr> </table> <ol style="list-style-type: none"> 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>** Secondary Road Conditions ONLY</p>	Primary	Secondary	01								
Primary	Secondary															
01																
				<p>Supplement * 'X' if Yes</p>		<p>Local Report # *</p>										
				<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">11</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>												