

OHIO TRAFFIC CRASH REPORT

Crash Severity: 3 (1 Fatal, 3 PDO, 2 Injury, 4 Unknown); Hit/Skip: 1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved); Photos Taken: [ ]; Reporting Agency: Franklin Police Department; # Units: 02; 01; 98 = Animal, 99 = Unknown; 06072007; Day of Week: THU; Name: Franklin; Latitude: 83; Longitude: [ ]

CRASH OCCURRED ON: Prefix: PARK, Crash Location: AV, Type Loc: 1, 1 Named Street, 3 Numbered Route, 2 Numbered Street; LOCAL INFORMATION: 01 State Line, 04 House Number, 08 Place Name W/O Reference, 02 Intersection 2 Streets, 05 Township Boundary, 09 Driveway, 03 County Line, 06 Mile Post, 10 Street or Route W/O Reference, 07 Corporation Limit

Motorist / Non-Motorist A: Name (Last, First, Middle) SCOTT DENISE C; Address (Street, City, State, Zip Code) 702 FOREST AVE FRANKLIN OH 45005; Home Phone # (513) 435-0109; Work Phone #; DL State OH, DL # RM412676; LP State OH, LP # DZR9194; Injured Taken By 1 None, 4 Other, 2 EMS, 5 Unknown, 3 Police; Transported By; Injured/Taken To

Owner Name (if same, write "SAME") SCOTT DENISE C; Address (Street, City, State, Zip Code) 702 FOREST AVE FRANKLIN OH 45005; Year 2000, Make KIA, Model SPORT, Color BLK/SIL, Insurance Company American Family Insurance; Towing Service; Owner Phone # (513) 435-0109; Offense Charged; Offense Description

Motorist / Non-Motorist B: Name (Last, First, Middle) FAULKNER THOMAS W; Address (Street, City, State, Zip Code) 305 ELM ST FRANKLIN OH 45005; Home Phone # (937) 743-8377; Work Phone # (513) 423-6351; DL State OH, DL # RP172738; LP State OH, LP # PBR6022; Injured Taken By 1 None, 4 Other, 2 EMS, 5 Unknown, 3 Police; Transported By; Injured/Taken To

Owner Name (if same, write "SAME") MIDDLETOWN WINDOW SERVICE; Address (Street, City, State, Zip Code) 4316 JEWELL ST MIDDLETOWN OH 45042; Year 1998, Make FORD, Model ECONO, Color WHT, Insurance Company Miller Insurance Co.; Towing Service; Owner Phone # (513) 423-6351; Offense Charged; Offense Description

Occupant C: Name (Last, First, Middle) SCOTT BRANDI; Address (Street, City, State, Zip Code) 702 FOREST AVE FRANKLIN OH 45005; Home Phone # (513) 435-0109; Date of Birth 03091997; Injured Taken By 1 None, 4 Other, 2 EMS, 5 Unknown, 3 Police; Transported By; Injured/Taken To

Occupant D: Name (Last, First, Middle) SCOTT DEVIN; Address (Street, City, State, Zip Code) 702 FOREST AVE FRANKLIN OH 45005; Home Phone # (513) 435-0109; Date of Birth 03292000; Injured Taken By 1 None, 4 Other, 2 EMS, 5 Unknown, 3 Police; Transported By; Injured/Taken To

Table with 10 columns: Seating Position, Safety Equipment, Air Bag, Air Bag Switch, Ejection, Trapped, Injuries. Rows 01-05 showing counts for various categories like '1 Not Deployed', '2 Deployed-Front', '1 Not Ejected', etc.

Unit Numbers

01 02

Non-Motorist Location

- 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

Type Of Unit

06 08

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

In Emergency Response

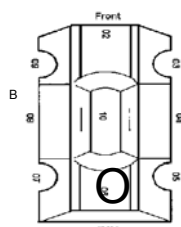
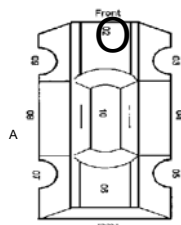
- 1 No
- 2 Yes
- 3 Unknown

Damage Scale

2 2

- 1 None
- 2 Non-Functional Damage
- 3 Functional Damage
- 4 Disabling Damage
- 5 Severe
- 6 Unknown

Damage Area



Most Damaged Area

- 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

Point Of Impact

02 06

- 01 None
- 02 Center Front
- 03 Right Front
- 04 Right Side
- 05 Right Rear
- 06 Rear Center
- 07 Left Rear
- 08 Left Side
- 09 Left Front
- 10 Top And Windows
- 11 Undercarriage
- 12 Load/Trailer
- 13 Total (All Areas)
- 14 Other
- 15 Unknown

Action

3 4

- 1 Non-Contact
- 2 Non-Collision
- 3 Striking
- 4 Struck
- 5 Both Striking And Struck
- 6 Unknown

Striking Vehicle: Override/ Underride

1

- 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

Pre-Crash Actions

01 11

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

Contributing Circumstances

08 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

Vehicle Defect Code Only If '19' Selected Above

- 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

Sequence Of Events

20 20

Non-Collision

- 01 Overtum/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

First Harmful Event

1 1

Of the Sequence of Events - Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of Events - Which One is the Most Harmful event (1-4)

Speed Detected

1 1

- 1 Stated
- 2 Estimated Speed

Speed

25 15

Posted Speed

25 25

Traffic Control

12 12

- 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

Direction

From To From To 4 3 4 3

- 1 North
- 2 South
- 3 East
- 4 West
- 5 Northeast
- 6 Northwest
- 7 Southeast
- 8 Southwest
- 9 Unknown

Condition

1 1

- 1 Apparently Normal
- 2 Physical Impairment
- 3 Emotional
- 4 Illness
- 5 Fell Asleep, Fainted, Fatigued, Etc.
- 6 Under The Influence Of Medications/Drugs/Alcohol
- 7 Other
- 8 Unknown

Alcohol/Drug Suspected

1 1

- 1 None
- 2 Yes-Alcohol Suspected
- 3 Yes-HBD Not Impaired
- 4 Yes-Drugs Suspected
- 5 Yes-Alcohol / Drugs Suspected
- 6 Unknown

Alcohol Test Status

1 1

- 1 None
- 2 Test Refused
- 3 Test Given, Contaminated Sample/Unusable
- 4 Test Given, Results Known
- 5 Test Given, Results Unknown
- 6 Unknown

Alcohol Test Type

1 1

- 1 None
- 4 Breath
- 2 Blood
- 5 Other
- 3 Urine

Alcohol Test Result

\*\* Secondary Road Conditions ONLY

Drug Test Status

1 1

- 1 None
- 2 Test Refused
- 3 Test Given, Contaminated Sample/Unusable
- 4 Test Given, Results Known
- 5 Test Given, Results Unknown
- 6 Unknown

Drug Test Type

1 1

- 1 None
- 2 Blood
- 3 Urine
- 4 Other

Drug Test 1&2 Result

- 1 None
- 2 Marijuana
- 3 Cocaine
- 4 Opiates
- 5 Amphetamines
- 6 PCP
- 7 Other
- 8 Unknown at Time Of Reporting

Type of Intersection

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

Occurrence

1

- 1 On Roadway
- 2 On Shoulder
- 3 In Median
- 4 On Roadside
- 5 On Gore
- 6 Outside Trafficway
- 7 Unknown

Road Contour

1

- 1 Straight Level
- 2 Straight Grade
- 3 Curve Level
- 4 Curve Grade

Road Conditions

01

- 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

07-186

# Narrative

Unit #2 made a turn from Elm Street onto eastbound Park Ave. the driver states that he slowed for vehicles which were parked on the side of the roadway, as he did so he was struck from behind by Unit #1. The driver of Unit #1 claims that Unit #2 ran the stop sign, however the collision occurred some distance form the intersection. Unit #1 driver claims that Unit #2 slammed on the brakes in front of her.

Unit #1 a Kia Sportage, sustained moderate damage to the front bumper and grill area. Unit#2 received moderate damage to the rear bumper area.

## 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

## Weather

01

- 01 Clear
- 02 Cloudy
- 03 Fog, Smog, Smoke
- 04 Rain
- 05 Sleet, Hail (Freezing Rain Drizzle)
- 06 Snow
- 07 Severe Crosswinds
- 08 Blowing Sand, Soil, Dirt, Snow
- 09 Other
- 10 Unknown

## Light Conditions

1

- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Dark - Lighted Roadway
- 5 Dark - Not Lighted
- 6 Dark - Unknown Lighting
- 7 Glare
- 8 Other
- 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 Lane Closure
- 2 Lane Shift/Crossover
- 3 Work On Shoulder Or Median
- 4 Intermittent/Moving Work
- 5 Other

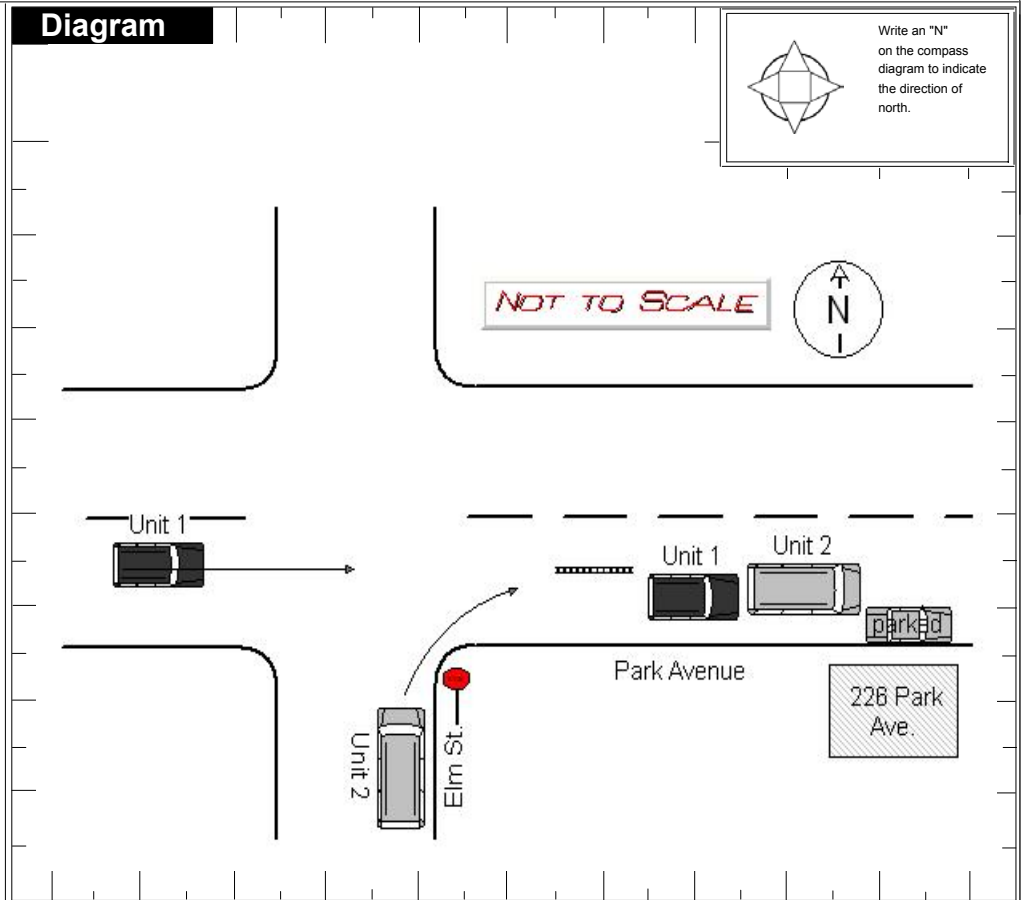
## Work Zone

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

## Workers Present

- 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.

AND

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.

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 #

## 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

## Police Action

06072007 0646 0647 0652 0720 30 62

Officer's Name \*

Warrington, Mark

1F43

Checked By

Warrington, Mark

Date Report Filed \*

06072007

Report Taken By

1

- 1 Police Agency
- 2 Motorist

Report Taken At

1

- 1 Scene
- 2 Station
- 3 Other

07-186

# Traffic Crash Report - Occupant Addendum

OH-1-P (Rev.11/99)

07-186

08301

Reporting Agency \*

Franklin Police Department

06072007

**E 01** Name (Last, First, Middle)  
SCOTT BRIANA

Address (Street, City, State, Zip Code)  
702 FOREST AVE  
FRANKLIN OH 45005

Home Phone #  
(513) 435-0109 04011998 09 F

Injured Taken By  
1 None 4 Other  
2 EMS 5 Unknown  
3 Police

Transported By  
Injured Taken To

**F 02** Name (Last, First, Middle)  
NOBLE MICHAEL K

Address (Street, City, State, Zip Code)  
316 FOREST AVE  
FRANKLIN OH 45005-0000

Home Phone #  
(937) 510-0864 08051973 33 M

Injured Taken By  
1 None 4 Other  
2 EMS 5 Unknown  
3 Police

Transported By  
Injured Taken To

**G** Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

Home Phone #

Injured Taken By  
1 None 4 Other  
2 EMS 5 Unknown  
3 Police

Transported By  
Injured Taken To

**H** Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

Home Phone #

Injured Taken By  
1 None 4 Other  
2 EMS 5 Unknown  
3 Police

Transported By  
Injured Taken To

**I** Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

Home Phone #

Injured Taken By  
1 None 4 Other  
2 EMS 5 Unknown  
3 Police

Transported By  
Injured Taken To

**J** Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

Home Phone #

Injured Taken By  
1 None 4 Other  
2 EMS 5 Unknown  
3 Police

Transported By  
Injured Taken To

**K** Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

Home Phone #

Injured Taken By  
1 None 4 Other  
2 EMS 5 Unknown  
3 Police

Transported By  
Injured Taken To

- 06** Seating Position
- 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  
(MC Passenger/Side Car)
  - 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
- 04** 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 None Used
  - 09 Helmet Used
  - 10 Protective Pads
  - 11 Reflective Clothing
  - 12 Lighting
  - 13 Other
  - 14 Unknown

- 5** 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

Blank for  
Witness

**OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION****OH-2 REV 1/82**

|                                      |   |   |
|--------------------------------------|---|---|
| LOCAL REPORT NUMBER<br><b>07-186</b> | REPORTING AGENCY<br><b>Franklin Police Department</b> | DATE OF ACCIDENT<br>M <b>06</b>   D <b>07</b>   Y <b>2007</b> |
| IN COUNTY OF<br><b>83-Warren</b>     | ACCIDENT LOCATION<br><b>PARK</b>                      | <b>AV</b>   |

HEARD AN A LOUD CRASH AND PEOPLE YELLING  
2ND CALL ADVISED EVERYONE IS OUT AND WALKING AROUND  
CLEARED W/ A REPORT

OFFICERS SIGNATURE

BADGE NO.