

OHIO

TRAFFIC CRASH REPORT

Local Report # * 09-402

Crash Severity 3 1 Fatal 3 PDO 2 Injury 4 Unknown

Private Property 'X' If Yes

Hit / Skip 1 Not Hit / Skip 2 Solved 3 Unsolved

Photos Taken 'X' If Yes

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # * 08301

Reporting Agency * Franklin Police Department

Units 02

Unit Error 01 98 = Animal 99 = Unknown

Date of Crash * 12192009

Time of Crash 1340 Day of Week SAT City * X Village * TWP * Name (Of City, Village or Township) * Franklin County # * 83 Latitude Longitude

CRASH OCCURRED ON Prefix Crash Location E 2ND ST Type Location Point Used 1 Named Street 3 Numbered Route 2 Numbered Street LOCAL INFORMATION COMMERCE CENTER DR

AT / REFERENCE Dist Reference DR Prefix Reference Ref Point 02 Reference Point Used 01 State Line 02 Intersection 2 Streets 03 County Line 04 House Number 05 Township Boundary 06 Mile Post 07 Corporation Limit 08 Place Name W/O Reference 09 Driveway 10 Street or Route W/O Reference

Motorist / Non-Motorist Unit # 01 # of Occ. 01 Name (Last, First, Middle) EWRY STEPHEN L Address (Street, City, State, Zip Code) 3348 TRAIL-ON RD MORaine OH 45439

Social Security Number Date of Birth 08121984 Age 25 Sex M Home Phone # (937) 620-3790 Work Phone #

DL State OH DL # SC856823 LP State OH LP # DYA8011 Injured Taken By 1 None 2 EMS 3 Police 4 Other 5 Unknown Transported By Injured/Taken To

Owner Name (if same, write "SAME") EWRY STEPHEN L Address (Street, City, State, Zip Code) 3348 TRAIL-ON RD MORaine OH 45439

Year 2007 Make FORD Model RANGE Color BLU Insurance Company Nationwide Towing Service Owner Phone # (937) 620-3790

Offense Charged 331.34 Offense Description Failure To Maintain Control Citation # 53803 Local Code? 'X' If Yes

Motorist / Non-Motorist Unit # 02 # of Occ. 01 Name (Last, First, Middle) SLOAN JESSICA Address (Street, City, State, Zip Code) 2312 BYRON ST MIDDLETOWN OH 45042

Social Security Number Date of Birth 12201984 Age 24 Sex F Home Phone # (513) 422-0813 Work Phone #

DL State OH DL # SC754398 LP State OH LP # EXQ7817 Injured Taken By 1 None 2 EMS 3 Police 4 Other 5 Unknown Transported By Injured/Taken To

Owner Name (if same, write "SAME") SLOAN JESSICA Address (Street, City, State, Zip Code) 2312 BYRON ST MIDDLETOWN OH 45042

Year 2008 Make JEEP Model CHER Color GRY Insurance Company State Farm Towing Service Owner Phone # (513) 422-0813

Offense Charged Offense Description Citation # Local Code? 'X' If Yes

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

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

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 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

Safety Equipment Motorist 04 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



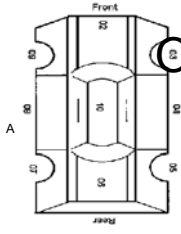
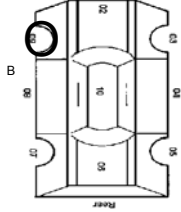
































































































































Air Bag 1 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown

Air Bag Switch 1 1 Not Present 2 In On Position 3 In Off Position 4 Unknown

Ejection 1 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown

Trapped 1 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown

Injuries 1 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown

Unit Numbers  	Damage Area   Most Damaged Area 	Pre-Crash Actions  	Sequence Of Events <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	A	B									Posted Speed  	Drug Test Status  		
A	B																
																	
																	
																	
																	
Non-Motorist Location  		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 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	Traffic Control  	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 Type  												
Type Of Unit  	 	Contributing Circumstances  		Direction <table border="1"> <tr> <td>From</td> <td>To</td> <td>From</td> <td>To</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	From	To	From	To					Drug Test 1&2 Result <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td></td> <td></td> </tr> </table>	A	B		
From	To	From	To														
																	
A	B																
																	
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  	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  	Condition  	Type of Intersection 												
In Emergency Response  	Action  	Vehicle Defect Code Only If '19' Selected Above  	Most Harmful Event  	Alcohol/Drug Suspected  	Occurrence 												
Damage Scale  	Striking Vehicle: Override/ Underride  		Speed Detected  	Alcohol Test Status  	Road Contour 												
	01 No Underride Or Override 02 Underride, Compartment Intrusion 03 Underride, No Compartment Intrusion 04 Underride, Compartment Intrusion Unknown 05 Override, Motor Vehicle In Transport 06 Override , Other Vehicle 07 Unknown	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	01 Stated 02 Estimated Speed Speed  	 	Road Conditions Primary  Secondary 												
			Speed  	Alcohol Test Result  	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												
				Alcohol Test Type 1 None 2 Blood 3 Urine 4 Breath 5 Other													
				Alcohol Test Result  													
				Alcohol Test Type 1 None 2 Blood 3 Urine 4 Breath 5 Other													
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				Alcohol Test Result 													

Narrative

Unit # 1 was traveling in the left turn lane west bound on Second St approaching Commerce Center, Unit #2 was west bound on Second St. in the #1 lane approaching Commerce Center. Unit # 1 lost control and slid to the right striking Unit #2.

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

Weather

04

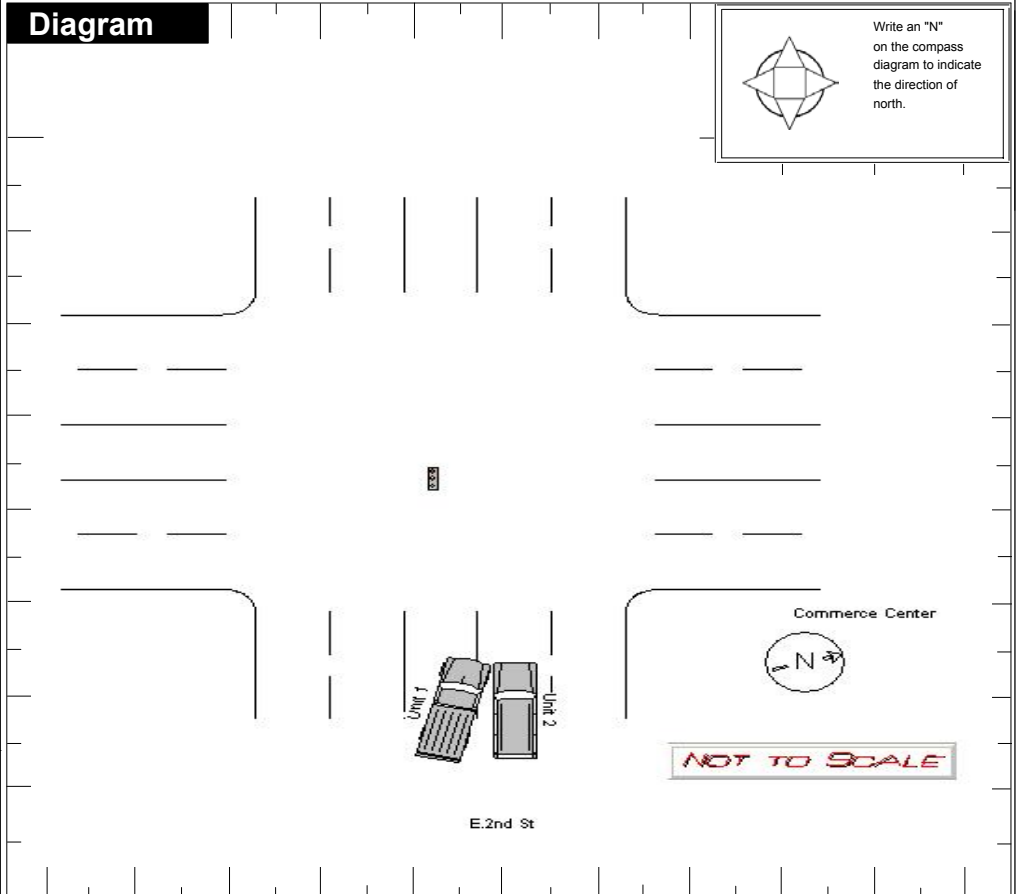
- 01 Clear
- 02 Cloudy
- 03 Fog, Smog, Smoke
- 04 Rain
- 05 Sleet, Hail (Freezing Rain Drizzle)
- 06 Snow
- 07 Severe Crosswinds
- 08 Blowing Sand, Soil, Dirt, Snow
- 09 Other
- 10 Unknown

Light Conditions

Primary: 1 Secondary: 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

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

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.

Unit #

1 2

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

Police Action

Date Crash Reported: 12192009 Time Rec Call: 1340 Dispatch: 1341 Arrived: 1344 Cleared: 1406 Other: 0 Total Minutes: 25

Officer's Name *

Smith, Terry

Badge # *

1F32

Checked By

Warrington, Mark

Date Report Filed *

12192009

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 # *

09-402