

# OHIO TRAFFIC CRASH REPORT



Local Report # \*  
**09-410**

Crash Severity  
**2** 1 Fatal 3 PDO  
2 Injury 4 Unknown

Private Property  
If Yes

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

Photos Taken  
If Yes

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # \*  
**08301**

Reporting Agency \*  
**Franklin Police Department**

# Units  
**01**

Unit Error  
**01** 98 = Animal  
99 = Unknown

Date of Crash \*  
**12282009**

Time of Crash  
**0553**

Day of Week  
**MON**

City \*  
**X**

Village \*

TWP \*

Name ( Of City, Village or Township ) \*  
**Franklin**

County # \*  
**83**

Latitude  
Longitude

### CRASH OCCURRED ON

Prefix Crash Location  
**N DIXIE**

Type Location Point Used  
**1** 1 Named Street 3 Numbered Route  
2 Numbered Street

### LOCAL INFORMATION

### AT / REFERENCE

Dist Reference DR Prefix Reference  
**50 feet S County Line**

Reference Point Used  
**03** 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

Unit # # of Occ. Name (Last, First, Middle)  
**A 01 01 MARTZ JAMES S**

Address (Street, City, State, Zip Code)  
**3109 N GRAND AV MIDDLETOWN OH 45042-2155**

Social Security Number Date of Birth Age Sex Home Phone # Work Phone #  
**11031969 40 M**

DL State DL # LP State LP # Injured Taken By Injured Taken To  
**OH RG529260 OH EIZ7913 2 JEMS Atrium Hospital**

Owner Name (if same, write "SAME") Address (Street, City, State, Zip Code)  
**MARTZ JAMES S 3109 N GRAND AV MIDDLETOWN OH 45042-2155**

Year Make Model Color Insurance Company Towing Service Owner Phone #  
**2008 FORD TRK WHT Safe Auto Northern Sunoco**

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

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 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

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

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

Motorist / Non-Motorist

Occupant

**01** 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

**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

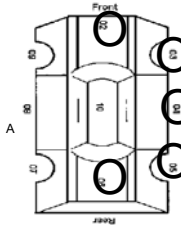
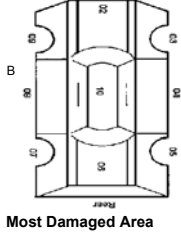
**1** Air Bag Switch  
1 Not Present  
2 In On Position  
3 In Off Position  
4 Unknown

**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

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

Supplement \*  
'X' if Yes

<b>Unit Numbers</b> <input type="text" value="01"/> <input type="text"/> <input type="text"/>	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> <input type="text" value="01"/> <input type="text"/> <input type="text"/>	<b>Sequence Of Events</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text" value="40"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text"/>	<input type="text" value="40"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Posted Speed</b> <input type="text" value="35"/> <input type="text"/> <input type="text"/>	<b>Drug Test Status</b> <input type="text" value="1"/> <input type="text"/>
A	B																
<input type="text" value="20"/>	<input type="text"/>																
<input type="text" value="40"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<b>Non-Motorist Location</b> <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>		<b>Motorist</b> 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 <b>Non-Motorist</b> 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	<b>Non-Collision</b> 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 <b>Collision w/ Person, Vehicle, Or Object Not Fixed</b> 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 <b>Collision with Fixed Object</b> 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	<b>Traffic Control</b> <input type="text" value="01"/> <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>	<b>Drug Test Type</b> <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> <b>Drug Test 1&amp;2 Result</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <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"/>						
A	B																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<b>Type Of Unit</b> <input type="text" value="07"/> <input type="text"/> <input type="text"/> <p><b>Motorist</b>  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>	<input type="text" value="08"/> <input type="text"/> <input type="text"/> <p>01 None  02 Center Front  03 Right Front  04 Right Side  05 Right Rear  06 Rear Center  07 Left Rear  08 Left Side  09 Left Front  10 Top And Windows  11 Undercarriage  12 Load / Trailer  13 Total (All Areas)  14 Other  15 Unknown</p>	<b>Contributing Circumstances</b> <input type="text" value="15"/> <input type="text"/> <input type="text"/> <p><b>Motorist</b>  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  <b>Non-Motorist</b>  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>	<b>First Harmful Event</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	<b>Direction</b> From To From To <input type="text" value="21"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p>	<b>Type of Intersection</b> <input type="text" value="01"/> <input type="text"/> <input type="text"/> <p>01 Not An Intersection  02 Four-Way Intersection  03 T-Intersection  04 Y-Intersection  05 Traffic Circle/Roundabout  06 Five-Point, Or More  07 On Ramp  08 Off Ramp  09 Crossover  10 Driveway/Access  11 Railway Grade Crossing  12 Shared-Use Paths Or Trails  13 Unknown</p>												
<b>In Emergency Response</b> <input type="text"/> <input type="text"/> <p>1 No  2 Yes  3 Unknown</p>	<b>Point Of Impact</b> <input type="text" value="08"/> <input type="text"/> <input type="text"/> <p>01 None  02 Center Front  03 Right Front  04 Right Side  05 Right Rear  06 Rear Center  07 Left Rear  08 Left Side  09 Left Front  10 Top And Windows  11 Undercarriage  12 Load/Trailer  13 Total (All Areas)  14 Other  15 Unknown</p>	<b>Vehicle Defect Code Only If '19' Selected Above</b> <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>	<b>Most Harmful Event</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Condition</b> <input type="text" value="1"/> <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>	<b>Occurrence</b> <input type="text" value="1"/> <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>												
<b>Damage Scale</b> <input type="text" value="5"/> <input type="text"/> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<b>Action</b> <input type="text" value="3"/> <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>	<b>Striking Vehicle: Override/ Underride</b> <input type="text" value="1"/> <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>	<b>Speed Detected</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>1 Stated  2 Estimated Speed</p>	<b>Alcohol/Drug Suspected</b> <input type="text" value="1"/> <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>	<b>Road Contour</b> <input type="text" value="1"/> <input type="text"/> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p>												
<b>Alcohol Test Status</b> <input type="text" value="1"/> <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>	<b>Alcohol Test Type</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p>	<b>Alcohol Test Result</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Speed</b> <input type="text" value="40"/> <input type="text"/> <input type="text"/>	<b>Supplement * 'X' if Yes</b> <input type="text"/>	<b>Local Report # *</b> <input type="text" value="09-410"/>												

# Narrative

U-1 was traveling North bound on N. Dixie Hwy. with icy road conditions and snow covered. U-1 attempted to apply brakes and lost control and went down into a creek ditch and rolled over onto the passenger side. U-1 sustained heavy damage and U-1 driver was transported to Atrium Hosp.

## Manner Of Collision or Impact



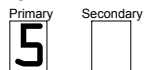
- 1 Not Collision Between Two Vehicles In Transport
- 2 Rear-end
- 3 Head-on
- 4 Rear-To-Rear
- 5 Backing
- 6 Angle
- 7 Sideswipe, Same Direction
- 8 Sideswipe, Opposite Direction
- 9 Unknown

## Weather



- 01 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 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 No
- 2 Yes, Directly Involved
- 3 Yes, Indirectly Involved
- 4 Unknown

## Work Zone Related



- 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

## Location Of Crash In



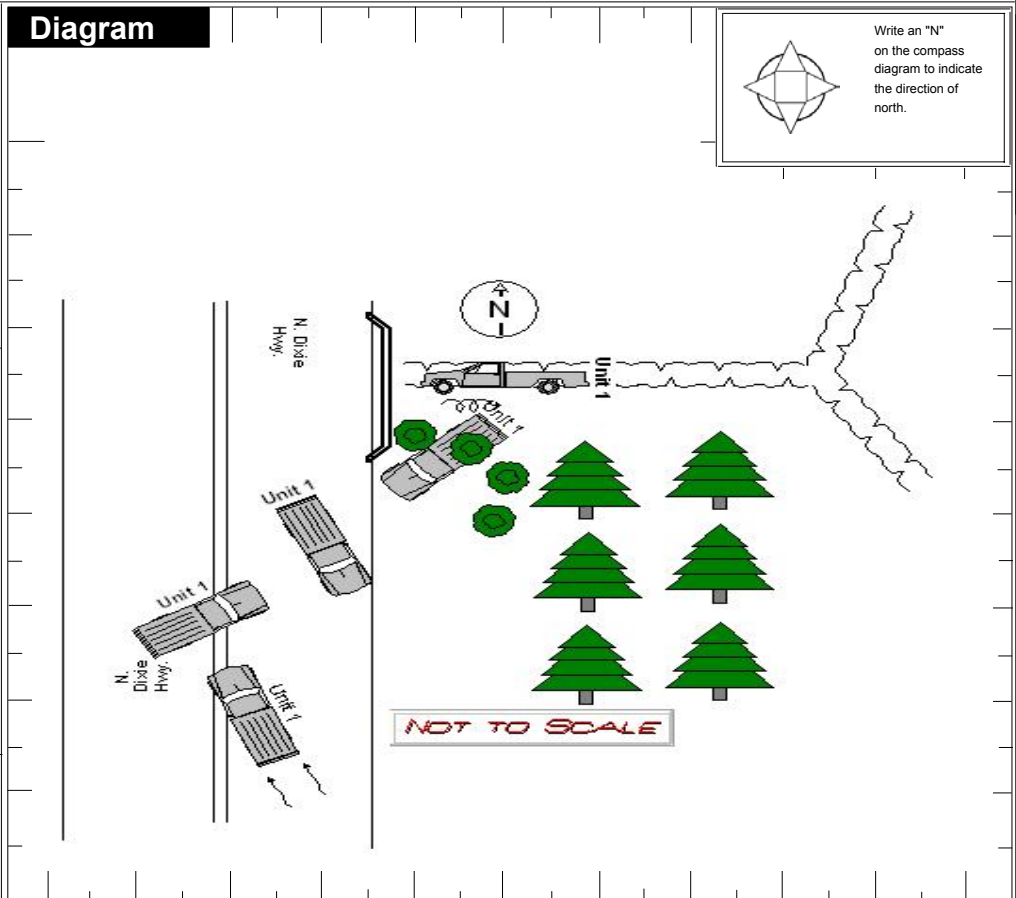
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## 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.

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.

A  
N  
D

Unit #

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT  ICC MC  PUCO  Trailer LP St.  Trailer LP Year  Trailer LP #  Placard #  # Dia.

## Cargo Body Type

- 01 Not Applicable
- 02 Bus (9-15) Including Driver
- 03 Van/Enclosed Box
- 04 Grain/Chips/Gravel
- 05 Pole
- 06 Cargo Tan
- 07 Flatbed
- 08 Dump
- 09 Concrete Mixer
- 10 Auto Transporter
- 11 Garbage/Refuse
- 12 Other
- 13 Unknown

## Weight (GVWR)

- 1 Less/Equal 10,000
- 2 10,001 - 26,000
- 3 More Than 26,000

## CDL Class

- 1 Class A
- 2 Class B
- 3 Class C
- 4 Class M
- 5 Class D

## Hazardous Materials Placard

- 1 No
- 2 Yes
- 3 Unknown

## Hazardous Material Released

- 1 No
- 2 Yes
- 3 Not Applicable
- 4 Unknown

## Police Action

Date Crash Reported: 12282009 Time Rec.Call: 0553 Dispatch: 0559 Arrived: 0610 Cleared: 0636 Other: 60 Total Minutes: 97

Officer's Name: Figliola, Stephen Badge #: 1F41 Checked By: Warrington, Mark Date Report Filed: 12282009

Report Taken By: 1 (1 Police Agency, 2 Motorist) Report Taken At: 2 (1 Scene, 2 Station, 3 Other) Supplement: X (if Yes) Local Report #: 09-410