

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
09-413	3 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	02	01 98 = Animal 99 = Unknown	12292009				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1557	TUE	X			Franklin	83		

CRASH OCCURRED ON			Type Location Point Used		LOCAL INFORMATION		
Prefix	Crash Location	Type Loc	1 Named Street	3 Numbered Route			
N	MAIN ST	1	2 Numbered Street		S MAIN ST		
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
			2nd St	02	02 Intersection 2 Streets	06 Mile Post	10 Street or Route W/O Reference
					03 County Line	07 Corporation Limit	

Unit #	# of Occ.	Name (Last, First, Middle)	
A 01 01		MORRIS JAROD D	
Address (Street, City, State, Zip Code)			
165 COUSINS DR CARLISLE OH 45005			
Social Security Number	Date of Birth	Age	Sex
	11021977	32	M
Home Phone #	Work Phone #		
(937) 743-0251			
DL State	DL #	LP State	LP #
OH	RC774135	OH	AF82XV
Injured Taken By	1 None 2 EMS 3 Police	4 Other 5 Unknown	Transported By
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)	
MORRIS JAROD D		165 COUSINS DR CARLISLE OH 45005	
Year	Make	Model	Color
1994	FORD	RANG	BLK
Insurance Company	Towing Service	Owner Phone #	
Progressive	None	(937) 743-0251	
Offense Charged	Offense Description	Citation #	Local Code? 'X' If Yes

Motorist / Non-Motorist

Unit #	# of Occ.	Name (Last, First, Middle)	
B 02 01		JACKSON TASHA N	
Address (Street, City, State, Zip Code)			
50 HIGHRIDGE CT FRANKLIN OH 45005-0000			
Social Security Number	Date of Birth	Age	Sex
	04121983	26	F
Home Phone #	Work Phone #		
(937) 550-4759			
DL State	DL #	LP State	LP #
OH	RW329392	OH	DZC8237
Injured Taken By	1 None 2 EMS 3 Police	4 Other 5 Unknown	Transported By
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)	
JACKSON WILLIAM C JR		50 HIGHRIDGE CT FRANKLIN OH 45005-0000	
Year	Make	Model	Color
1996	CHRY		GRN
Insurance Company	Towing Service	Owner Phone #	
Progressive	None	(937) 550-4292	
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 2 EMS 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 2 EMS 3 Police		

01 01 Front - Left (MC Driver) 02 Front - Middle 03 Front - Right	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 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	1 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	4 1 Not Present 2 In On Position 3 In Off Position 4 Unknown	1 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	1 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	1 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown
01 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 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 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	1 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	4 1 Not Present 2 In On Position 3 In Off Position 4 Unknown	1 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	1 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	1 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown
Supplement * 'X' if Yes						

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location 	Most Damaged Area 	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 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 	Drug Test Type
Type Of Unit 		Contributing Circumstances 	Direction From To From To 	Condition 	Drug Test 1&2 Result
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 	Alcohol/Drug Suspected 	Type Of Intersection
In Emergency Response 	Action 	Vehicle Defect Code Only If '19' Selected Above 	Most Harmful Event 	Alcohol Test Status 	Occurrence
Damage Scale 	Striking Vehicle: Override/ Underride 	Speed Detected 	Speed 	Alcohol Test Type 	Road Contour
Damage Scale 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown	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	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	Speed 	Alcohol Test Result 	Road Conditions Primary Secondary
Supplement * 'X' if Yes Local Report #*					

Narrative

Unit 2 and Unit 1 were traveling Westbound on 2nd St. Unit 1 struck Unit 2 from behind.

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 Lane Closure
- 2 Lane Shift/Crossover
- 3 Work On Shoulder Or Median
- 4 Intermittent/Moving Work
- 5 Other

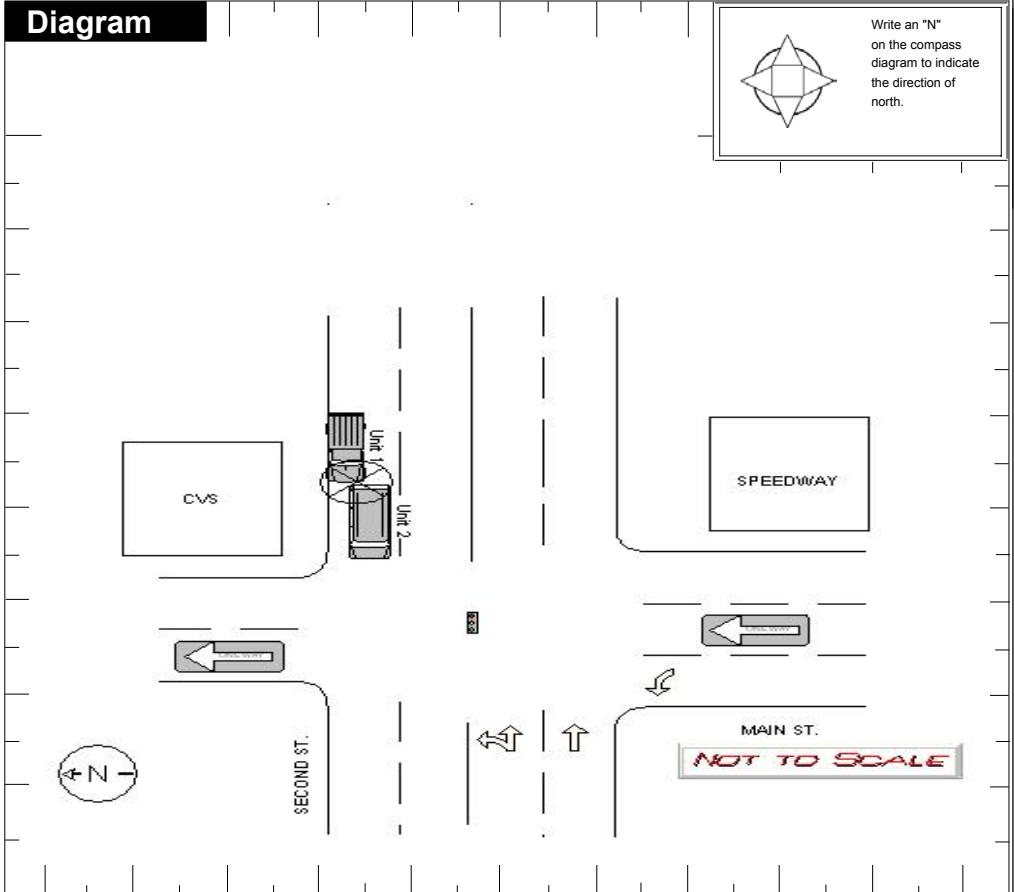
Location Of Crash In

- 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



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.

A
N
D
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.

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 | 05 Pole | 09 Concrete Mixer |
| 02 Bus (9-15) Including Driver | 06 Cargo Tan | 10 Auto Transporter |
| 03 Van/Enclosed Box | 07 Flatbed | 11 Garbage/Refuse |
| 04 Grain/Chips/Gravel | 08 Dump | 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	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
12292009	1557	1555	1602	1628	45	77
Officer's Name *	Badge # *	Checked By	Date Report Filed *			
LACON, JACOB	46	Warrington, Mark	12292009			
Report Taken By	Report Taken At	Supplement *	Local Report # *			
1 Police Agency 2 Motorist	1 Scene 2 Station 3 Other	X' if Yes	09-413			