

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
09-416	3 1 Fatal 3 PDO 2 Injury 4 Unknown	'X' If Yes	3 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	12302009				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1627	WED	X			Franklin	83		

CRASH OCCURRED ON		Type Location Point Used		LOCAL INFORMATION	
Prefix	Crash Location	Type Loc	1 Named Street 3 Numbered Route		
NB	I-75		2 Numbered Street	I-75	
AT / REFERENCE			Reference Point Used		
Dist Reference	DR	Prefix	Reference	Ref Point	06
			36 Mile Marker		
			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		UNKNOWN	
Address (Street, City, State, Zip Code)			
Social Security Number	Date of Birth	Age	Sex
			M
DL State	DL #	LP State	LP #
		OH	UNKNOWN
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)	
UNKNOWN			
Year	Make	Model	Color
0000	UNK	UNK	UNK
Insurance Company	Towing Service	Owner Phone #	
Unknown			
Offense Charged	Offense Description	Citation #	Local Code? 'X' If Yes

Unit #	# of Occ.	Name (Last, First, Middle)	
B 02 01		HOWELL MICHAEL D	
Address (Street, City, State, Zip Code)			
306 Crawford ST MIDDLETOWN OH 45044			
Social Security Number	Date of Birth	Age	Sex
	04161970	39	M
Home Phone #	Work Phone #		
(513) 571-9464			
DL State	DL #	LP State	LP #
OH	RF531639	OH	PEZ1342
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
2005	CHEV	EXPRE	GRN/WHT
Insurance Company	Towing Service	Owner Phone #	
	Rick Schaefer's Tov		
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
				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	14 Safety Equipment Motorist	6 Air Bag	4 Air Bag Switch	5 Ejection	4 Trapped	6 Injuries
01 Front - Left (MC Driver)	01 None Used	1 Not Deployed	1 Not Present	1 Not Ejected	1 Not Trapped	1 No Injury
02 Front - Middle	02 Shoulder Belt Only	2 Deployed-Front	2 In On Position	2 Totally Ejected	2 Extricated By Mechanical Means	2 Possible
03 Front - Right	03 Lap Belt Only	3 Deployed-Side	3 In Off Position	3 Partially Ejected	3 Freed BY Non-Mechanical Means	3 Non-Incapacitating
04 Second - Left (MC Pass)	04 Shoulder /Lap Belt	4 Deployed Both Front/Side	4 Unknown	4 Not Applicable	4 Unknown	4 Incapacitating
05 Second - Middle	05 Child Safety Seat	5 Not Applicable		5 Unknown		5 Fatal Injury
06 Second - Right	06 MC Helmet Used	6 Unknown				6 Unknown
07 Third - Left	07 Use Unknown					
08 Third - Middle	Non-Motorist					
09 Third - Right	08 Non Used					
10 Sleeper Section Of Cab	09 Helmet Used					
11 Enclosed Cargo Area	10 Protective Pads					
12 Unenclosed Cargo Area	11 Reflective Clothing					
13 Trailing Unit	12 Lighting					
14 Exterior	13 Other					
15 Other	14 Unknown					
16 Non-Motorist						
17 Unknown						
						Supplement * 'X' if Yes

Narrative

Unit 1 was in the far left lane traveling Northbound on I75. Unit 2 was in the far right lane traveling Northbound on I75. Unit 1 crossed over from the far left lane to the far right lane to try and get off at the St Rt 123 Exit Ramp. When Unit 1 crossed lanes of travel he cut off Unit 2 causing Unit 2 to strike Unit 1.

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

02

- 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 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

2

- 1 No
- 2 Yes
- 3 Unknown

Type of Work Zone

3

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

Location Of Crash In

4

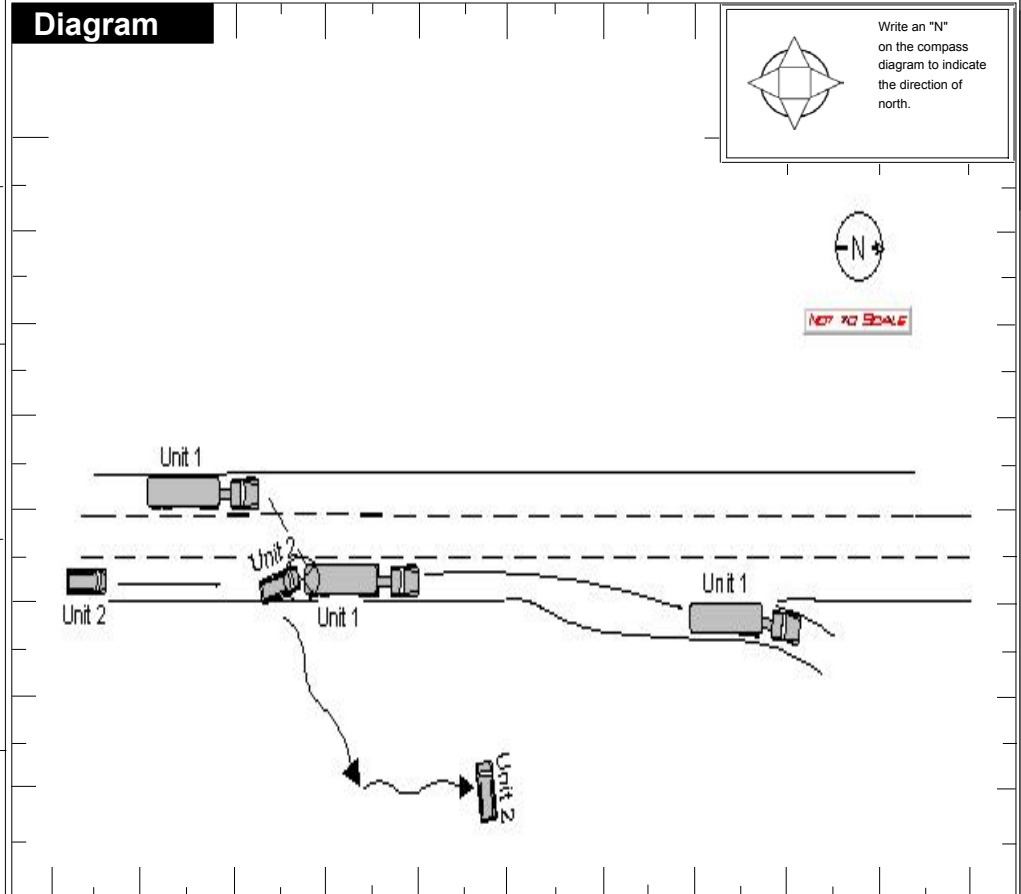
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

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.

**A
N
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
- 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: **12302009** Time Rec. Call: **1627** Dispatch: **1628** Arrived: **1642** Cleared: **1642** Other: **0** Total Minutes: **15**

Officer's Name *

LACON, JACOB

Badge # *

46

Checked By

Warrington, Mark

Date Report Filed *

12302009

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 # *

09-416