

OHIO

TRAFFIC CRASH REPORT

Local Report # *

10-043

Crash Severity

2 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 *

02052010

Time of Crash

1311

Day of Week

FRI

City *

X

Village *

TWP *

Name (Of City, Village or Township) *

Franklin

County # *

83

Latitude

Longitude

CRASH OCCURRED ON

Prefix Crash Location

E 2ND

Type Loc

2

Type Location Point Used

1 Named Street 3 Numbered Route 2 Numbered Street

LOCAL INFORMATION

AT / REFERENCE

Dist Reference DR Prefix Reference

Locust St

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

Unit #

A 01

of Occ.

01

Name (Last, First, Middle)

CRAMER MICHELE A

Address (Street, City, State, Zip Code)

6955 TORRINGTON DR FRANKLIN OH 45005

Social Security Number

Date of Birth

05061991

Age

18

Sex

F

Home Phone #

(513) 425-7035

Work Phone #

DL State DL #

OH TG494922

LP State LP #

OH ECU4480

Injured Taken By

2

1 None 2 EMS 3 Police 4 Other 5 Unknown

Transported By

JEMS

Injured Taken To

ATRIUM

Owner Name (if same, write "SAME")

CRAMER TOM

Address (Street, City, State, Zip Code)

6955 TORRINGTON DR FRANKLIN OH 45005

Year

1999

Make

PONI

Model

Color

BLK

Insurance Company

All State

Towing Service

Steve's Towing & R

Owner Phone #

Offense Charged

Offense Description

Citation #

Local Code? 'X' If Yes

Unit #

B 02

of Occ.

04

Name (Last, First, Middle)

OBRYAN BRADLEY S

Address (Street, City, State, Zip Code)

1024 POINCIANA DR FRANKLIN OH 45005

Social Security Number

Date of Birth

02111974

Age

35

Sex

M

Home Phone #

(513) 743-9356

Work Phone #

DL State DL #

OH RU209924

LP State LP #

OH ECU4850

Injured Taken By

1 None 2 EMS 3 Police 4 Other 5 Unknown

Transported By

Injured Taken To

Owner Name (if same, write "SAME")

OBRYAN BRADLEY S

Address (Street, City, State, Zip Code)

1024 POINCIANA DR FRANKLIN OH 45005

Year

2008

Make

CHEV

Model

Color

SIL

Insurance Company

Towing Service

Owner Phone #

(513) 743-9356

Offense Charged

Offense Description

Citation #

Local Code? 'X' If Yes

Unit #

C 02

Name (Last, First, Middle)

OBRYAN TONYA RENEE

Home Phone #

(513) 743-9356

Date of Birth

12111973

Age

36

Sex

F

Address (Street, City, State, Zip Code)

1024 POINCIANA DR CARLISLE OH 45005-0000

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

Transported By

Injured Taken To

Unit #

D 02

Name (Last, First, Middle)

OBRYAN RACHEL

Home Phone #

Date of Birth

09042003

Age

06

Sex

F

Address (Street, City, State, Zip Code)

1024 POINCIANA DR Franklin OH 45005-0000

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

Transported By

Injured Taken To

Motorist / Non-Motorist

Occupant

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 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 04 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown

Air Bag 4 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 2 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 <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>	Most Damaged Area <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>	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 <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>	Drug Test Type <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> Drug Test 1&2 Result <p>1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting</p>
Type Of Unit <p>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</p>	Point Of Impact <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>	Contributing Circumstances <p>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</p>	First Harmful Event <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Direction From To From To <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p>	Type Of Intersection <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>
In Emergency Response <p>1 No 2 Yes 3 Unknown</p>	Action <p>1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown</p>	Vehicle Defect Code Only If '19' Selected Above <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>	Most Harmful Event <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Condition <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>	Occurrence <p>1 On Roadway 2 On Shoulder 3 In Median 4 On Roadside 5 On Gore 6 Outside Trafficway 7 Unknown</p>
Damage Scale <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	Striking Vehicle: Override/ Underride <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>		Speed Detected <p>1 Stated 2 Estimated Speed</p>	Alcohol/Drug Suspected <p>1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown</p>	Road Contour <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p>
			Speed 	Alcohol Test Status <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>	Road Conditions Primary Secondary <p>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</p>
				Alcohol Test Type <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p>	Alcohol Test Result
				Supplement * 'X' if Yes 	Local Report # *

Narrative

Unit # 2 was stopped for traffic that was turning left into 201 E second St, in the inner lane east bound E 2nd St.
 Unit #1 was also east bound, failed to stop and struck unit #2

Note: at the time of crash a police unit was with a disabled vehicle at the intersection of Locust and Second St. within feet of the crash.

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

06

- 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

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

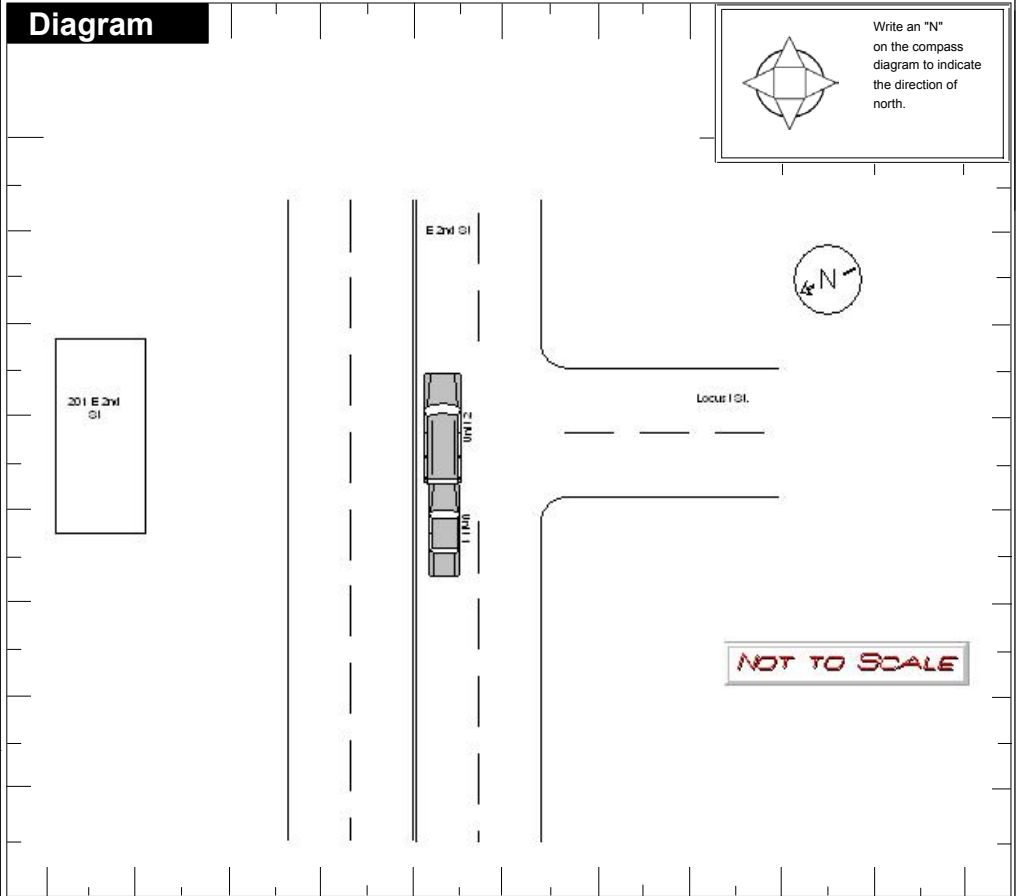
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

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	05 Pole	09 Concrete Mixer	Weight (GVWR)	1 Less/Equal 10,000	CDL Class	1 Class A	Hazardous Materials Placard	1 No	Hazardous Material Released	1 No
	02 Bus (9-15) Including Driver	06 Cargo Tan	10 Auto Transporter		2 10,001 - 26,000		2 Class B		2 Yes		2 Yes
	03 Van/Enclosed Box	07 Flatbed	11 Garbage/Refuse		3 More Than 26,000		3 Class C		3 Unknown		3 Not Applicable
	04 Grain/Chips/Gravel	08 Dump	12 Other				4 Class M				4 Unknown
		13 Unknown			5 Class D						

Police Action

Date Crash Reported: 02052010 Time Rec Call: 1311 Dispatch: 1312 Arrived: 1316 Cleared: 1345 Other: 0 Total Minutes: 34

Officer's Name: Smith, Terry Badge #: 1F32 Checked By: Warrington, Mark Date Report Filed: 02052010

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 #: 10-043

Traffic Crash Report - Occupant Addendum

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

Local Report # *

10-043

N.C.I.C. # *

08301

Reporting Agency *

Franklin Police Department

Date of Crash *

02052010

E	Unit # 02	Name (Last, First, Middle) COLE REESE	Home Phone #	Date Of Birth 03172004	Age 05	Sex F
Address (Street, City, State, Zip Code) 271 JUDY DR CARLISLE OH 45005			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

F	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
Address (Street, City, State, Zip Code)			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

G	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
Address (Street, City, State, Zip Code)			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

H	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
Address (Street, City, State, Zip Code)			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

I	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
Address (Street, City, State, Zip Code)			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

J	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
Address (Street, City, State, Zip Code)			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

K	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
Address (Street, City, State, Zip Code)			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

06	Seating Position
<input type="checkbox"/>	01 Front - Left (MC Driver)
<input type="checkbox"/>	02 Front - Middle
<input type="checkbox"/>	03 Front - Right
<input type="checkbox"/>	04 Second - Left (MC Pass)
<input type="checkbox"/>	05 Second - Middle
<input type="checkbox"/>	06 Second - Right
<input type="checkbox"/>	07 Third - Left (MC Passenger/Side Car)
<input type="checkbox"/>	08 Third - Middle
<input type="checkbox"/>	09 Third - Right
<input type="checkbox"/>	10 Sleeper Section Of Cab
<input type="checkbox"/>	11 Enclosed Cargo Area
<input type="checkbox"/>	12 Unenclosed Cargo Area
<input type="checkbox"/>	13 Trailing Unit
<input type="checkbox"/>	14 Exterior
<input type="checkbox"/>	15 Other
<input type="checkbox"/>	16 Non-Motorist
<input type="checkbox"/>	17 Unknown

04	Safety Equipment Motorist
<input type="checkbox"/>	01 None used
<input type="checkbox"/>	02 Shoulder Belt Only
<input type="checkbox"/>	03 Lap Belt Only
<input type="checkbox"/>	04 Shoulder/Lap Belt
<input type="checkbox"/>	05 Child Safety Seat
<input type="checkbox"/>	06 MC Helmet Used
<input type="checkbox"/>	07 Use Unknown
<input type="checkbox"/>	Non-Motorist
<input type="checkbox"/>	08 None Used
<input type="checkbox"/>	09 Helmet Used
<input type="checkbox"/>	10 Protective Pads
<input type="checkbox"/>	11 Reflective Clothing
<input type="checkbox"/>	12 Lighting
<input type="checkbox"/>	13 Other
<input type="checkbox"/>	14 Unknown

1	Air Bag
<input type="checkbox"/>	1 Not-Deployed
<input type="checkbox"/>	2 Deployed-Front
<input type="checkbox"/>	3 Deployed-Side
<input type="checkbox"/>	4 Deployed Both Front/Side
<input type="checkbox"/>	5 Not Applicable
<input type="checkbox"/>	6 Unknown

1	Air Bag Switch
<input type="checkbox"/>	1 Not Present
<input type="checkbox"/>	2 In On Position
<input type="checkbox"/>	3 In Off Position
<input type="checkbox"/>	4 Unknown

1	Ejection
<input type="checkbox"/>	1 Not Ejected
<input type="checkbox"/>	2 Totally Ejected
<input type="checkbox"/>	3 Partially Ejected
<input type="checkbox"/>	4 Not Applicable
<input type="checkbox"/>	5 Unknown

1	Trapped
<input type="checkbox"/>	1 Not Trapped
<input type="checkbox"/>	2 Extricated By Mechanical Means
<input type="checkbox"/>	3 Freed By Non-Mechanical Means
<input type="checkbox"/>	4 Unknown

1	Injuries
<input type="checkbox"/>	1 No Injury
<input type="checkbox"/>	2 Possible
<input type="checkbox"/>	3 Non-Incapacitating
<input type="checkbox"/>	4 Incapacitating
<input type="checkbox"/>	5 Fatal Injury
<input type="checkbox"/>	6 Unknown

Blank for Witness

<input type="checkbox"/>	Supplement 'X' if Yes
--------------------------	-----------------------