



TRAFFIC CRASH REPORT

Local Report # *
10-054

Crash Severity
3 1 Fatal 3 PDO
2 Injury 4 Unknown

Private Property
If Yes 'X'

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

Photos Taken
If Yes 'X'

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 *
02122010

Time of Crash **1124** 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 **2** LOCAL INFORMATION

AT / REFERENCE
Dist Reference DR Prefix Reference Ref Point Reference Point Used
529 **04** 01 State Line 04 House Number 08 Place Name W/O Reference
02 Intersection 2 Streets 06 Mile Post 09 Driveway
03 County Line 07 Corporation Limit 10 Street or Route W/O Reference

A Unit # **01** # of Occ. **01** Name (Last, First, Middle) **WILLIAMS BILLY L**
Address (Street, City, State, Zip Code) **4990 S DIXIE HWY FRANKLIN OH 45005**

Social Security Number Home Phone # Work Phone #
09011934 **75** **M** **(513) 746-0999**

DL State DL # LP State LP # Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured/Taken To
OH RG524725 **OH 8924** **Wade Insurance**

Owner Name (if same, write "SAME") Address (Street, City, State, Zip Code)
WILLIAMS BILLY L 4990 S DIXIE HWY FRANKLIN OH 45005

Year Make Model Color Insurance Company Towing Service Owner Phone #
2000 DODG DUR SIL Wade Insurance

Offense Charged Offense Description Citation # Local Code? 'X' if Yes
333.03A Assured Clear Distance Ahead 53236 X

B Unit # **02** # of Occ. **01** Name (Last, First, Middle) **SPENCER ARTHUR D**
Address (Street, City, State, Zip Code) **3113 ILLINOIS AVE MIDDLETOWN OH 45042**

Social Security Number Home Phone # Work Phone #
10081933 **76** **M** **(513) 217-5529**

DL State DL # LP State LP # Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured/Taken To
OH RN682144 **OH DZN5079**

Owner Name (if same, write "SAME") Address (Street, City, State, Zip Code)
SPENCER ARTHUR D 3113 ILLINOIS AVE MIDDLETOWN OH 45042

Year Make Model Color Insurance Company Towing Service Owner Phone #
2000 CHEV S10 RED AARP Insurance

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

C Unit # Name (Last, First, Middle) Home Phone # Date of Birth Age Sex
GINNAN ANDREW R (937) 885-0268 02111988 22 M

Address (Street, City, State, Zip Code) Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured Taken To
160 WOODSTREAM DR SPRINGBORO OH 45066

Unit # Name (Last, First, Middle) Home Phone # Date of Birth Age Sex
D GINNAN MARIANNE G (937) 885-0268 06071961 48 F

Address (Street, City, State, Zip Code) Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured Taken To
160 WOODSTREAM DR SPRINGBORO OH 45066

Motorist / Non-Motorist
Occupant

01 Seating Position
01 Front - Left (MC Driver)
02 Front - Middle
03 Front - Right
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 Safety Equipment Motorist
01 None Used
02 Shoulder Belt Only
03 Lap Belt Only
04 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
1 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
1 4 Not Applicable
5 Unknown



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

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

Unit Numbers
 



Non-Motorist Location
 

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



Type Of Unit
 

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

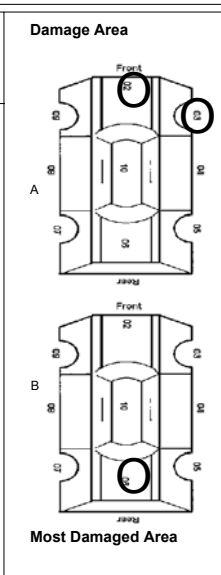
Non-Motorist
 35 Animal W/Rider
 36 Animal W/Buggy
 37 Bicycle
 38 Pedestrian
 39 Pedalcyclist
 40 Skater
 41 Other-Non Motorist
 42 Unknown



In Emergency Response
 

1 No
 2 Yes
 3 Unknown



Damage Scale
 

1 None
 2 Non-Functional Damage
 3 Functional Damage
 4 Disabling Damage
 5 Severe
 6 Unknown







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

Point Of Impact
 



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 02 Center Front
 03 Right Front
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 08 Left Side
 09 Left Front
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 13 Total (All Areas)
 14 Other
 15 Unknown

Action
 

1 Non-Contact
 2 Non-Collision
 3 Striking
 4 Struck
 5 Both Striking And Struck
 6 Unknown



Striking Vehicle: Override/ Underride
 

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

Pre-Crash Actions
 



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









Contributing Circumstances
 

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

Vehicle Defect Code Only If '19' Selected Above
 

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

Sequence Of Events
 A  
 B  
 
 



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

First Harmful Event
 



Of the Sequence of Events - Which one is the First Harmful Event (1-4)

Most Harmful Event
 



Of the Sequence of Events - Which One is the Most Harmful event (1-4)

Speed Detected
 



1 Stated
 2 Estimated Speed

Speed
 



Posted Speed
 

Traffic Control
 



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

Direction
 From To From To
 



1 North
 2 South
 3 East
 4 West
 5 Northeast
 6 Northwest
 7 Southeast
 8 Southwest
 9 Unknown

Condition
 



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

Alcohol/Drug Suspected
 



1 None
 2 Yes-Alcohol Suspected
 3 Yes-HBD Not Impaired
 4 Yes-Drugs Suspected
 5 Yes-Alcohol / Drugs Suspected
 6 Unknown



Alcohol Test Status
 

1 None
 2 Test Refused
 3 Test Given, Contaminated Sample/Unusable
 4 Test Given, Results Known
 5 Test Given, Results Unknown
 6 Unknown



Alcohol Test Type
 

1 None
 2 Blood
 3 Urine
 4 Breath
 5 Other



Alcohol Test Result
 

Drug Test Status
 


1 None
 2 Test Refused
 3 Test Given, Contaminated Sample/Unusable
 4 Test Given, Results Known
 5 Test Given, Results Unknown
 6 Unknown

Drug Test Type
 

1 None
 2 Blood
 3 Urine
 4 Other

Drug Test 1&2 Result
 


1 None
 2 Marijuana
 3 Cocaine
 4 Opiates
 5 Amphetamines
 6 PCP
 7 Other
 8 Unknown at Time Of Reporting

Type of Intersection




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

Occurrence


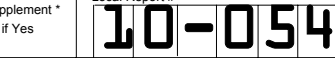

1 On Roadway
 2 On Shoulder
 3 In Median
 4 On Roadside
 5 On Gore
 6 Outside Trafficway
 7 Unknown

Road Contour


1 Straight Level
 2 Straight Grade
 3 Curve Level
 4 Curve Grade

Road Conditions
 Primary  Secondary 

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

Supplement * 'X' if Yes  Local Report # * 

Narrative

Unit# 1 was West bound on E. 2nd St. at 529 E. 2nd St. and struck Unit# 2 in the rear. Unit# 2 was stopped in West bound traffic on E. 2nd St..

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

- 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

01

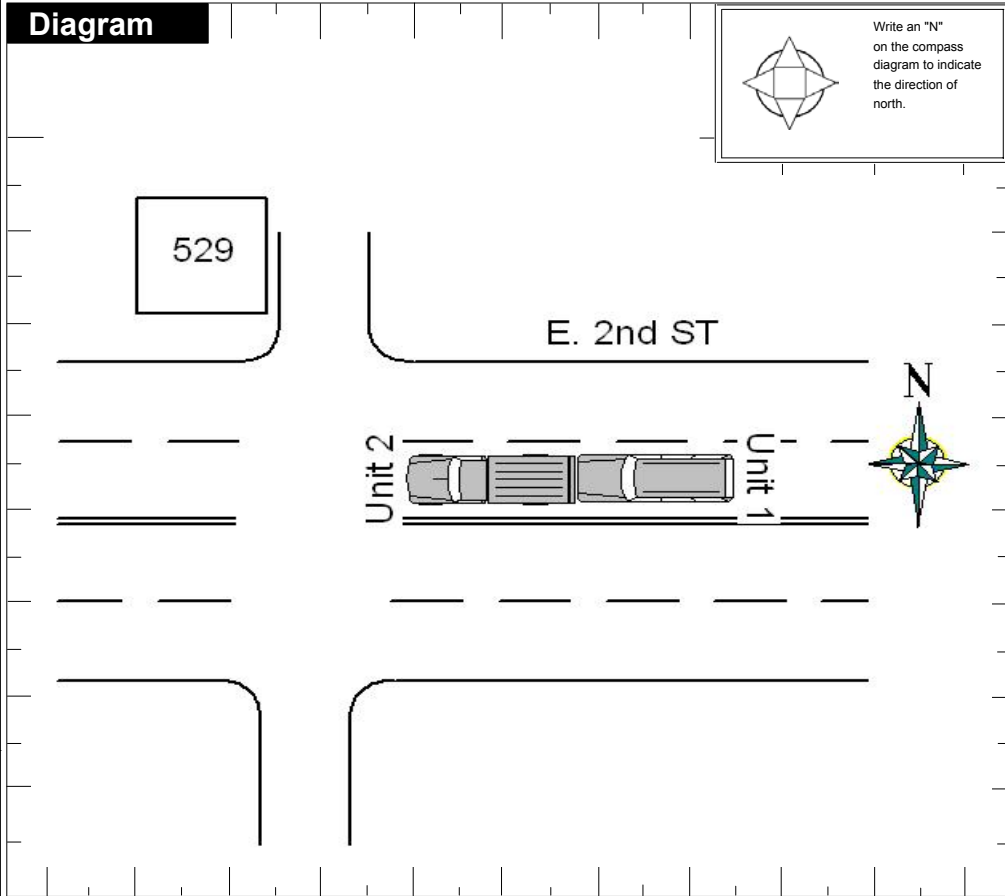
- 01 Clear
- 02 Cloudy
- 03 Fog, Smog, Smoke
- 04 Rain
- 05 Sleet, Hail (Freezing Rain Drizzle)
- 06 Snow
- 07 Severe Crosswinds
- 08 Blowing Sand, Soil, Dirt, Snow
- 09 Other
- 10 Unknown

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.

**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 **02122010** Time Rec Call **1124** Dispatch **1125** Arrived **1128** Cleared **1143** Other **20** Total Minutes **38**

Officer's Name *

Woods, Jonathan

Badge # *

1F40

Checked By

Woods, Jonathan

Date Report Filed *

02122010

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 # *

10-054