



# TRAFFIC CRASH REPORT

Local Report # \*

10-055

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 \*

02152010

Time of Crash

0944

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

E 2ND ST

Type Loc

1

### Type Location Point Used

1 Named Street 3 Numbered Route  
2 Numbered Street

### LOCAL INFORMATION

### AT / REFERENCE

Dist Reference

DR

Prefix

Reference

1012

Ref Point

09

### Reference Point Used

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.

A 01 01

Name (Last, First, Middle)

GORALSKI CHRIS F

Address (Street, City, State, Zip Code)

709 SHERMAN ST WAUSAU WI 54401

Social Security Number

Date of Birth

03171949

Age

60

Sex

M

Home Phone #

(715) 302-0800

Work Phone #

DL State

DL #

WI G6421064909705

LP State

LP #

WI 7304W

Injured Taken By

1 None 4 Other  
2 EMS 5 Unknown  
3 Police

Transported By

JEMS

Injured Taken To

Atrium

Owner Name (if same, write "SAME")

Address (Street, City, State, Zip Code)

Year

Make

2003 KENW

Model

T2000

Color

BUR

Insurance Company

Great West Casualty 800-

Towing Service

Owner Phone #

Offense Charged

Offense Description

Citation #

Local Code? 'X' If Yes

Unit #

# of Occ.

B 02 02

Name (Last, First, Middle)

JOHNSON ROBERT J

Address (Street, City, State, Zip Code)

31 CHOCTAW CIR FRANKLIN OH 45005

Social Security Number

Date of Birth

12051955

Age

54

Sex

M

Home Phone #

Work Phone #

DL State

DL #

OH RF504795

LP State

LP #

OH TCH2

Injured Taken By

2 1 None 4 Other  
2 EMS 5 Unknown  
3 Police

Transported By

JEMS

Injured Taken To

Atrium

Owner Name (if same, write "SAME")

Address (Street, City, State, Zip Code)

JOHNSON ROBERT J 31 CHOCTAW CIR FRANKLIN OH 45005

Year

Make

2003 PONI

Model

GR AM

Color

SIL

Insurance Company

Nationwide Insurance

Towing Service

Steve's Towing & R

Owner Phone #

Offense Charged

Offense Description

Citation #

Local Code? 'X' If Yes

Unit #

# of Occ.

C 02

Name (Last, First, Middle)

JOHNSON BETTY E

Home Phone #

(937) 746-5469

Date of Birth

08221923

Age

86

Sex

F

Address (Street, City, State, Zip Code)

31 CHACTAW CIR FRANKLIN OH 45005

Injured Taken By

2

1 None 4 Other  
2 EMS 5 Unknown  
3 Police

Transported By

JEMS

Injured Taken To

Atrium

Unit #

# of Occ.

D

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

Motorist / Non-Motorist

Occupant

01	<b>Seating Position</b>
01A	01 Front - Left ( MC Driver)
01B	02 Front - Middle
01C	03 Front - Right
01D	04 Second - Left ( MC Pass)
02	05 Second - Middle
03	06 Second - Right
03A	07 Third - Left
03B	08 Third - Middle
03C	09 Third - Right
03D	10 Sleeper Section Of Cab
04	11 Enclosed Cargo Area
04A	12 Unenclosed Cargo Area
04B	13 Trailing Unit
04C	14 Exterior
04D	15 Other
05	16 Non-Motorist
06	17 Unknown

04	<b>Safety Equipment Motorist</b>
04A	01 None Used
04B	02 Shoulder Belt Only
04C	03 Lap Belt Only
04D	04 Shoulder /Lap Belt
05	05 Child Safety Seat
06	06 MC Helmet Used
07	07 Use Unknown
08	<b>Non-Motorist</b>
08A	08 Non Used
08B	09 Helmet Used
08C	10 Protective Pads
08D	11 Reflective Clothing
09	12 Lighting
10	13 Other
11	14 Unknown

6	<b>Air Bag</b>
6A	1 Not Deployed
6B	2 Deployed-Front
6C	3 Deployed-Side
6D	4 Deployed Both Front/Side
7	5 Not Applicable
8	6 Unknown

4	<b>Air Bag Switch</b>
4A	1 Not Present
4B	2 In On Position
4C	3 In Off Position
4D	4 Unknown

1	<b>Ejection</b>
1A	1 Not Ejected
1B	2 Totally Ejected
1C	3 Partially Ejected
1D	4 Not Applicable
2	5 Unknown

1	<b>Trapped</b>
1A	1 Not Trapped
1B	2 Extricated By Mechanical Means
1C	3 Freed BY Non-Mechanical Means
1D	4 Unknown

1	<b>Injuries</b>
1A	1 No Injury
1B	2 Possible
1C	3 Non-Incapacitating
1D	4 Incapacitating
2	5 Fatal Injury
3	6 Unknown

Supplement \* 'X' if Yes

<b>Unit Numbers</b> 	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> 	<b>Sequence Of Events</b> 	<b>Posted Speed</b> 	<b>Drug Test Status</b> 
<b>Non-Motorist Location</b> <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>Most Damaged Area</b> 	<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> <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> <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> <p>1 None  2 Marijuana  3 Cocaine  4 Opiates  5 Amphetamines  6 PCP  7 Other  8 Unknown at Time Of Reporting</p>
<b>Type Of Unit</b> <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  <b>Non-Motorist</b>  35 Animal W/Rider  36 Animal W/Buggy  37 Bicycle  38 Pedestrian  39 Pedalcyclist  40 Skater  41 Other-Non Motorist  42 Unknown</p>	<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> <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>Direction</b> From To From To <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p>	<b>Condition</b> <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>Type of Intersection</b> <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> <p>1 No  2 Yes  3 Unknown</p>	<b>Action</b> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</p>	<b>Vehicle Defect Code Only If '19' Selected Above</b> <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>First Harmful Event</b> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p> <b>Most Harmful Event</b> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Alcohol/Drug Suspected</b> <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>Occurrence</b> <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> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<b>Striking Vehicle: Override/ Underride</b> <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> <p>1 Stated  2 Estimated Speed</p>	<b>Alcohol Test Status</b> <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>Road Contour</b> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p>
			<b>Speed</b> 	<b>Alcohol Test Type</b> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p>	<b>Road Conditions</b> 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>
		Supplement * 'X' if Yes Local Report # * 			

# Narrative

## Manner Of Collision or Impact

7

- 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

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

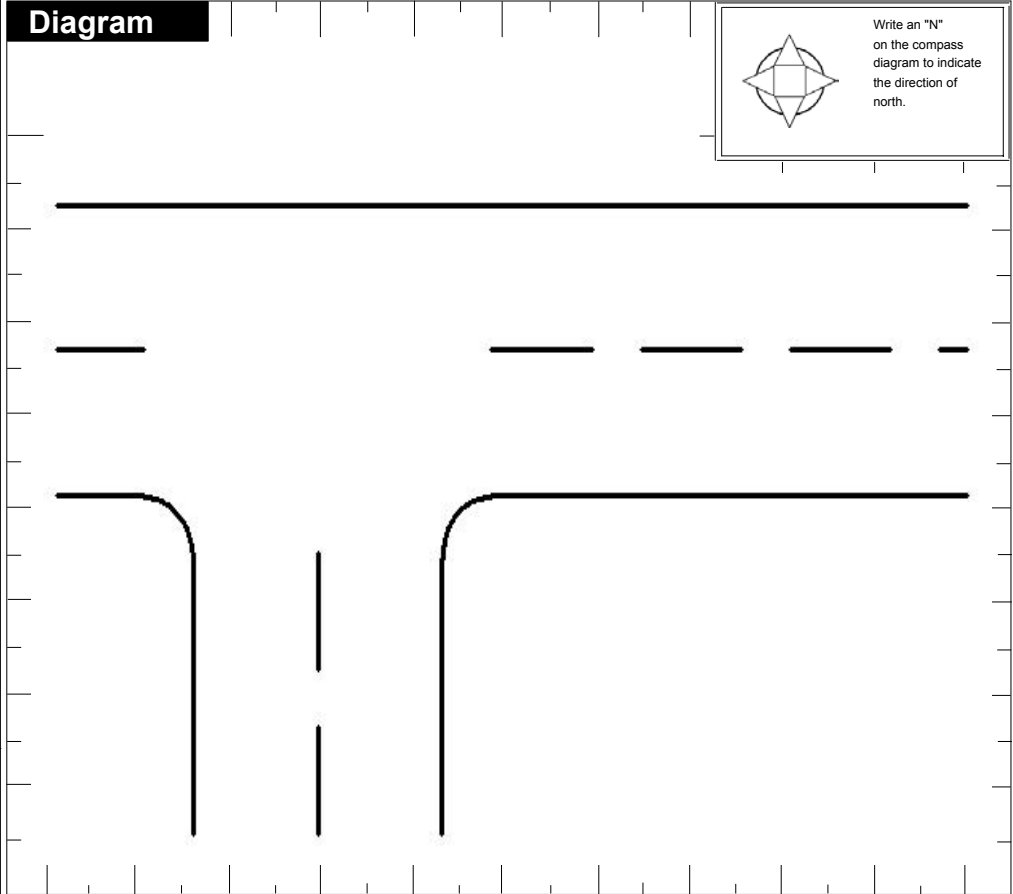
Primary: 1 Secondary: 1

- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Dark - Lighted Roadway
- 5 Dark - Not Lighted
- 6 Dark - Unknown Lighting
- 7 Glare
- 8 Other
- 9 Unknown

## 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: 02152010 Time Rec Call: 0944 Dispatch: 0946 Arrived: 0949 Cleared: 1021 Other: 0 Total Minutes: 36

Officer's Name: CRAIG, AMANDA Badge #: 02101 Checked By: Warrington, Mark Date Report Filed: 02152010

Report Taken By: 1 Police Agency 2 Motorist Report Taken At: 1 Scene 2 Station 3 Other Supplement: X if Yes Local Report #: 10-055