

OHIO

TRAFFIC CRASH REPORT

Local Report # * 10-056

Crash Severity 3 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 01

Unit Error 01 98 = Animal 99 = Unknown

Date of Crash * 02152010

Time of Crash 1221 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 N ST RT 123 Type Loc 3 Type Location Point Used 1 Named Street 3 Numbered Route 2 Numbered Street LOCAL INFORMATION

AT / REFERENCE Dist Reference DR Prefix Reference N 6211 St Rt 123 Ref Point 04 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

Motorist / Non-Motorist A Unit # 01 # of Occ. 01 Name (Last, First, Middle) KRAMER HOWARD S Address (Street, City, State, Zip Code) 3344 PENNYROYAL RD Franklin OH 45005-0000

Social Security Number Date of Birth 01231947 Age 63 Sex M Home Phone # (937) 746-2636 Work Phone #

DL State OH DL # RU209171 LP State OH LP # EM70LQ Injured Taken By 1 None 2 EMS 3 Police 4 Other 5 Unknown Transported By Injured Taken To

Owner Name (if same, write "SAME") KRAMER HOWARD S Address (Street, City, State, Zip Code) 3344 PENNYROYAL RD Franklin OH 45005-0000

Year 2003 Make FORD Model TAU Color GRN Insurance Company Home Owners Ins. Towing Service Owner Phone # (937) 746-2636

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

Motorist / Non-Motorist B Unit # # of Occ. Name (Last, First, Middle) Address (Street, City, State, Zip Code)

Social Security Number Date of Birth Age Sex Home Phone # Work Phone #

DL State DL # LP State LP # Injured Taken By 1 None 2 EMS 3 Police 4 Other 5 Unknown Transported By Injured Taken To

Owner Name (if same, write "SAME") Address (Street, City, State, Zip Code)

Year Make Model Color Insurance Company Towing Service Owner Phone #

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

Occupant C Unit # Name (Last, First, Middle) Home Phone # Date of Birth Age Sex

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

Occupant D Unit # Name (Last, First, Middle) Home Phone # Date of Birth Age Sex

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

Seating Position 01 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 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 Non-Motorist 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown

Air Bag 1 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown

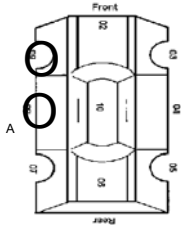
Air Bag Switch 4 1 Not Present 2 In On Position 3 In Off Position 4 Unknown

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

Supplement * 'X' if Yes

Unit Numbers <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/>	Damage Area 	Pre-Crash Actions <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/>	Sequence Of Events <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="08"/></td> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/></td> </tr> <tr> <td><input type="text" value="33"/></td> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value="2"/></td> </tr> <tr> <td><input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value="4"/></td> </tr> </table>	A	B	<input type="text" value="08"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/>	<input type="text" value="33"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="3"/>	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="4"/>	Posted Speed <input type="text" value="35"/> <input type="text" value=""/> <input type="text" value=""/>	Drug Test Status <input type="text" value="1"/> <input type="text" value=""/>
A	B														
<input type="text" value="08"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/>														
<input type="text" value="33"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="2"/>														
<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="3"/>														
<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="4"/>														
Non-Motorist Location <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Most Damaged Area <input type="text" value="08"/> <input type="text" value=""/> <input type="text" value=""/>	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 Overturn/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 <input type="text" value="12"/> <input type="text" value=""/> <input type="text" value=""/>	Drug Test Type <input type="text" value="1"/> <input type="text" value=""/>										
Type Of Unit <input type="text" value="03"/> <input type="text" value=""/> <input type="text" value=""/>	Point Of Impact <input type="text" value="08"/> <input type="text" value=""/> <input type="text" value=""/>	Contributing Circumstances <input type="text" value="15"/> <input type="text" value=""/> <input type="text" value=""/>	Condition <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	Direction From To From To <input type="text" value="21"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Drug Test 1&2 Result <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
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	Action <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/>	Vehicle Defect Code Only If '19' Selected Above <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	First Harmful Event <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	Alcohol/Drug Suspected <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	Occurrence <input type="text" value="4"/> <input type="text" value=""/>										
In Emergency Response <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Striking Vehicle: Override/ Underride <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Speed Detected <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	Most Harmful Event <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/>	Alcohol Test Status <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	Road Contour <input type="text" value="2"/> <input type="text" value=""/>										
Damage Scale <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/>	Action <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/>	Speed <input type="text" value="20"/> <input type="text" value=""/> <input type="text" value=""/>	Alcohol Test Type <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	Alcohol Test Result <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Road Conditions Primary <input type="text" value="03"/> <input type="text" value=""/> <input type="text" value=""/> Secondary <input type="text" value=""/> <input type="text" value=""/>										
Top Copy - ODPS Bottom Copy - Agency		Supplement * 'X' if Yes <input type="text" value=""/> <input type="text" value=""/> Local Report # * <input type="text" value="10-056"/> <input type="text" value=""/> <input type="text" value=""/>													

Narrative

Unit 1 was driving northbound on St. Rt. 123 when he lost control of his vehicle and began sliding on the snow and ice covered roadway and slid completely around Southbound off of the righthand (east) side of the road and struck a road sign. The road sign was across the road from and approx. 15 ft. north of the driveway to 6211 St. Rt. 123.

Manner Of Collision or Impact



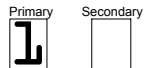
- 1 Not Collision Between Two Vehicles In Transport
- 2 Rear-end
- 3 Head-on
- 4 Rear-To-Rear
- 5 Backing
- 6 Angle
- 7 Sideswipe, Same Direction
- 8 Sideswipe, Opposite Direction
- 9 Unknown

Weather



- 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



- 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 No
- 2 Yes, Directly Involved
- 3 Yes, Indirectly Involved
- 4 Unknown

Work Zone Related



- 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



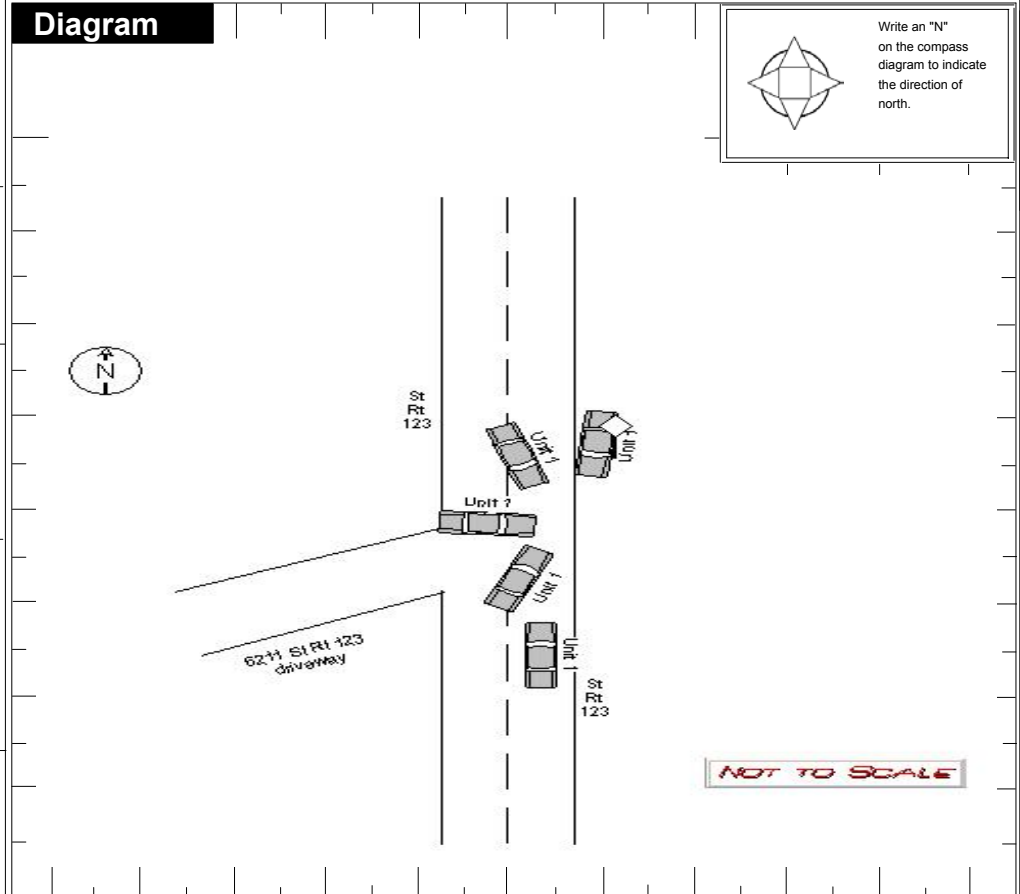
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present



- 1 No
- 2 Yes
- 3 Unknown

Diagram



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
 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: 02152010 Time Rec Call: 1221 Dispatch: 1221 Arrived: 1229 Cleared: 1244 Other: 30 Total Minutes: 53

Officer's Name: Brumfield, William Badge #: 1F31 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 #: 10-056