



TRAFFIC CRASH REPORT

Local Report # *
10-057

Crash Severity
3 1 Fatal 3 PDO
2 Injury 4 Unknown

Private Property
If Yes

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

Photos Taken
If Yes

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # *
08301

Reporting Agency *
Franklin Police Department

Units
02

Unit Error
98 = Animal
99 = Unknown

Date of Crash *
02172010

Time of Crash
1018

Day of Week
WED

City *
X

Village *

TWP *

Name (Of City, Village or Township) *
Franklin

County # *
83

Latitude
Longitude

CRASH OCCURRED ON

Prefix Crash Location
S MAIN ST

Type Location Point Used
1 Named Street 3 Numbered Route
2 Numbered Street

LOCAL INFORMATION

AT / REFERENCE

Dist Reference DR Prefix Reference

Reference Point Used

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

Unit # # of Occ.
A 01 01

Name (Last, First, Middle)
NATALIA BETH A

Address (Street, City, State, Zip Code)
83 BEAM CIR FRANKLIN OH 45005

Social Security Number

Date of Birth
03231965

Age
44

Sex
F

Home Phone #
(513) 465-8195

Work Phone #

DL State DL #
OH RQ562781

LP State LP #
OH EAC4488

Injured Taken By

1 None 4 Other
2 EMS 5 Unknown
3 Police

Transported By

Injured Taken To

Owner Name (if same, write "SAME")
NATALIA BETH A

Address (Street, City, State, Zip Code)
83 BEAM CIR FRANKLIN OH 45005

Year Make
1995 NISS

Model
PATHF

Color
WHT

Insurance Company
Monroe Brush

Towing Service

Owner Phone #
(513) 465-8195

Offense Charged
333.03A

Offense Description
Assured Clear Distance Ahead

Citation #
52666

Local Code? 'X' if Yes
X

Unit # # of Occ.
B 02 01

Name (Last, First, Middle)
WHITT EMORY L

Address (Street, City, State, Zip Code)
5001 RIVERVIEW DR MIDDLETOWN OH 45042

Social Security Number

Date of Birth
11281946

Age
63

Sex
M

Home Phone #
(513) 423-2744

Work Phone #

DL State DL #
OH PW07601

LP State LP #
OH CKU6798

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
1999 LINC

Model

Color
BEI

Insurance Company
Nationwide

Towing Service

Owner Phone #

Offense Charged

Offense Description

Citation #

Local Code? 'X' if Yes

Unit # Name (Last, First, Middle)
C

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

Unit # Name (Last, First, Middle)
D

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 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 Shoulder /Lap Belt
05 Child Safety Seat
06 MC Helmet Used
07 Use Unknown
04 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

4 Air Bag Switch
1 Not Present
2 In On Position
3 In Off Position
1 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
1 3 Non-Incapacitating
4 Incapacitating
5 Fatal Injury
6 Unknown

Supplement *
'X' if Yes

<p>Unit Numbers</p> <p>01 02</p> <p>Non-Motorist Location</p> <p>A B</p> <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> <p>Type Of Unit</p> <p>06 04</p> <p>Motorist</p> <p>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</p> <p>Non-Motorist</p> <p>35 Animal W/Rider 36 Animal W/Buggy 37 Bicycle 38 Pedestrian 39 Pedalcyclist 40 Skater 41 Other-Non Motorist 42 Unknown</p> <p>In Emergency Response</p> <p>A B</p> <p>1 No 2 Yes 3 Unknown</p> <p>Damage Scale</p> <p>2 2</p> <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	<p>Damage Area</p> <p>Front</p> <p>A</p> <p>Front</p> <p>B</p> <p>Most Damaged Area</p> <p>02 06</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> <p>Point Of Impact</p> <p>02 05</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> <p>Action</p> <p>3 4</p> <p>1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown</p> <p>Striking Vehicle: Override/ Underride</p> <p>A B</p> <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>	<p>Pre-Crash Actions</p> <p>01 11</p> <p>Motorist</p> <p>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</p> <p>Non-Motorist</p> <p>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</p> <p>Contributing Circumstances</p> <p>08 01</p> <p>Motorist</p> <p>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</p> <p>Non-Motorist</p> <p>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> <p>Vehicle Defect Code Only If '19' Selected Above</p> <p>A B</p> <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>	<p>Sequence Of Events</p> <p>A B</p> <p>20 20</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>Non-Collision</p> <p>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</p> <p>Collision w/ Person, Vehicle, Or Object Not Fixed</p> <p>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</p> <p>Collision with Fixed Object</p> <p>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</p> <p>First Harmful Event</p> <p>1 1</p> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p> <p>Most Harmful Event</p> <p>1 1</p> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p> <p>Speed Detected</p> <p>2 2</p> <p>1 Stated 2 Estimated Speed</p> <p>Speed</p> <p>15 5</p> <p>A B</p>	<p>Posted Speed</p> <p>25 25</p> <p>Traffic Control</p> <p>13 13</p> <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> <p>Direction</p> <p>From To From To</p> <p>21 21</p> <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p> <p>Condition</p> <p>1 1</p> <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> <p>Alcohol/Drug Suspected</p> <p>1 1</p> <p>1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown</p> <p>Alcohol Test Status</p> <p>A B</p> <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> <p>Alcohol Test Type</p> <p>1 1</p> <p>1 None 4 Breath 2 Blood 5 Other 3 Urine</p> <p>Alcohol Test Result</p> <p>A B</p>	<p>Drug Test Status</p> <p>1 1</p> <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> <p>Drug Test Type</p> <p>1 1</p> <p>1 None 2 Blood 3 Urine 4 Other</p> <p>Drug Test 1&2 Result</p> <p>A B</p> <p>1 2 1 2</p> <p>1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting</p> <p>Type of Intersection</p> <p>01</p> <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> <p>Occurrence</p> <p>1</p> <p>1 On Roadway 2 On Shoulder 3 In Median 4 On Roadside 5 On Gore 6 Outside Trafficway 7 Unknown</p> <p>Road Contour</p> <p>1</p> <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p> <p>Road Conditions</p> <p>Primary Secondary</p> <p>02 </p> <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</p> <p>** Secondary Road Conditions ONLY</p>
				<p>Supplement * 'X' if Yes Local Report # *</p> <p>10-057</p>	

Narrative

Both Unit#1 and Unit #2 were traveling Northbound on South Main St. in the area of South River St. Unit #2 started past a cross walk where a child started to step out into the roadway and Unit #2 had to stop. Unit #1 who was behind Unit #2 could not stop in time and Struck Unit #2 in the Rear. Causing minor damage to both vehicles.

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

- 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

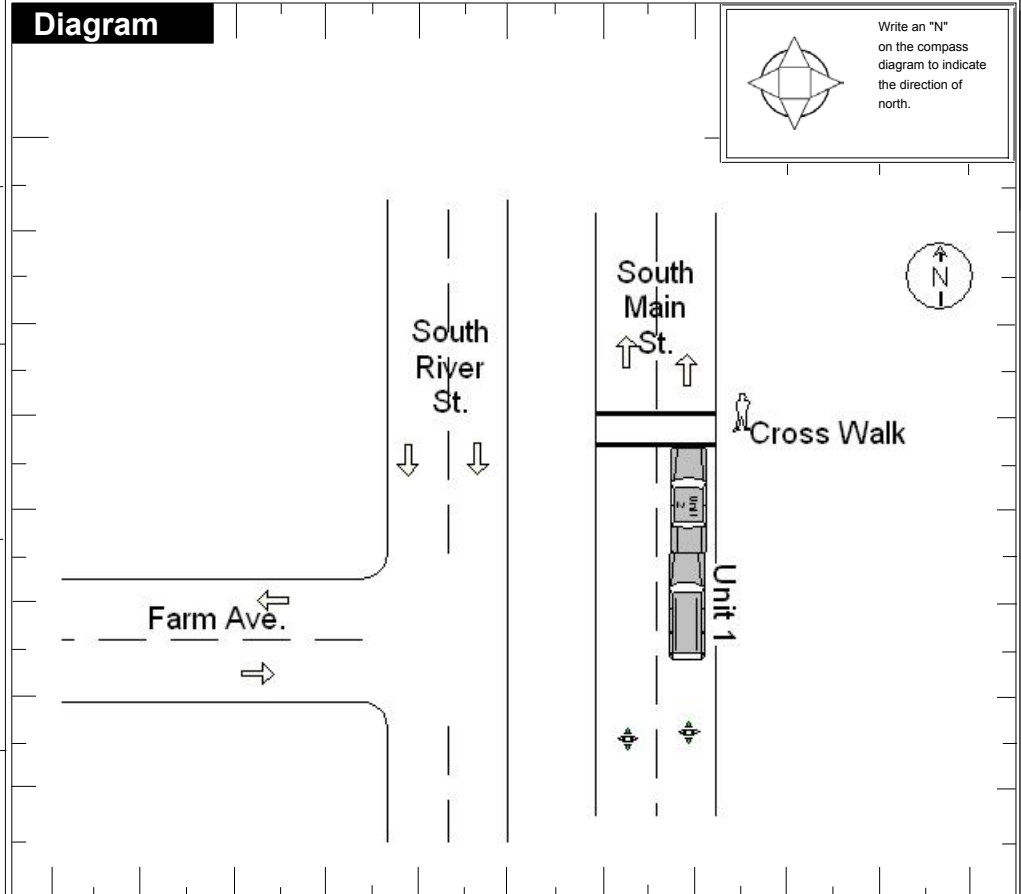
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

Diagram



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.

AND

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 #

1 2

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: 02172010 Time Rec Call: 1018 Dispatch: 1020 Arrived: 1020 Cleared: 0000 Other: 0 Total Minutes: 0

Officer's Name *

Back, Michael

Badge # *

1F35

Checked By

Warrington, Mark

Date Report Filed *

02172010

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 # *

10-057