



TRAFFIC CRASH REPORT

Local Report # *
10-060

Crash Severity
3 1 Fatal 3 PDO
2 Injury 4 Unknown

Private Property
X
If Yes

Hit / Skip
2 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 *
02182010

Time of Crash
1126 Day of Week
THU

City * Village * TWP *
X
Name (Of City, Village or Township) *
Franklin

County # * Latitude Longitude
83

CRASH OCCURRED ON

Prefix Crash Location
S **Riley** **BVD**

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

LOCAL INFORMATION

S RILEY BLVD

AT / REFERENCE

Dist Reference DR Prefix Reference
 E **6th St.**

Reference Point Used

01 State Line
02 Intersection 2 Streets
03 County Line
02

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 # # of Occ.
A **01** **01**

Name (Last, First, Middle)
HAMIDOVIC ESAD

Address (Street, City, State, Zip Code)
4239 KOPWOOD DR ST LOUIS MO 63129

Social Security Number Date of Birth Age Sex Home Phone # Work Phone #
 09251983 **26** **M** **(314) 698-1163**

DL State DL # LP State LP # Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured/Taken To
MO **03AN0Y**

Owner Name (if same, write "SAME") Address (Street, City, State, Zip Code)
DINOS TRUCKING INC **9615 CONTINENTAL IND St Louis MO 63123**

Year Make Model Color Insurance Company Towing Service Owner Phone #
2006 **PTRBL** **CNVTL** **Harco National Ins.** **(314) 631-3001**

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

Unit # # of Occ.
B **02** **01**

Name (Last, First, Middle)
NEW DONNA J

Address (Street, City, State, Zip Code)
357 MAYER CT FRANKLIN OH 45005

Social Security Number Date of Birth Age Sex Home Phone # Work Phone #
 02051954 **56** **F** **(937) 743-2078**

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 **RJ474400** **OH** **CPQ2747**

Owner Name (if same, write "SAME") Address (Street, City, State, Zip Code)
NEW GARY W **357 MAYER CT Franklin OH 45005-0000**

Year Make Model Color Insurance Company Towing Service Owner Phone #
2001 **DODG** **STRAT** **RED** **Motorist Mutual** **(937) 743-2078**

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

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

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

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

07 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

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

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>
<p style="text-align: center;">Top Copy - ODPS Bottom Copy - Agency</p>					

Narrative

Unit 2 stated she was sitting stationary in the left turn lane of S. Riley BVD waiting to turn left (east) onto E. 6th St. when a white box type truck that was in front of her also waiting to turn left backed up into her front end. The truck then left the scene east on 6th St. and was last seen driving southbound on I-75. The only description on the truck was that it was believed to be a white box truck with Dino's on the side of the box in blue letters and it was truck # 5563. A Missouri registration of 861784 was given but no information could be obtained by Dispatch.

On 2/23/10 I spoke with Seth Postma, who is the Safety Director for Dino's Trucking. He advised that he had spoken with his driver and that he just did not realize that he had struck another vehicle at the time of the accident. I did obtain all necessary information from Postma regarding Unit 1 and forwarded it into this report. The trailer involved is trailer # 5563 with Mo. reg. 861784 also owned by Dinos Trucking.

Manner Of Collision or Impact <input checked="" type="checkbox"/> 5 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 <input checked="" type="checkbox"/> 1 1 No 2 Yes, Directly Involved 3 Yes, Indirectly Involved 4 Unknown	Diagram 	Write an "N" on the compass diagram to indicate the direction of north.	
Weather <input checked="" type="checkbox"/> 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	Work Zone Related <input checked="" type="checkbox"/> 1 1 No 2 Yes 3 Unknown			
Light Conditions Primary <input checked="" type="checkbox"/> 1 Secondary <input type="checkbox"/> 1 Daylight 2 Dawn 3 Dusk 4 Dark - Lighted Roadway 5 Dark - Not Lighted 6 Dark - Unknown Lighting 7 Glare 8 Other 9 Unknown	Type of Work Zone <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work On Shoulder Or Median 4 Intermittent/Moving Work 5 Other			
Location Of Crash In <input type="checkbox"/> 1 Before First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area	Workers Present <input type="checkbox"/> 1 No 2 Yes 3 Unknown			

Truck/Bus Unit # <input type="text"/>	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 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.
Company (From Shipping Papers) <input type="text"/>	Company Phone <input type="text"/>	
Address (Street, City, St, Zip Code) <input type="text"/>		

US DOT <input type="text"/>	ICC MC <input type="text"/>	PUCO <input type="text"/>	Trailer LP St. <input type="text"/>	Trailer LP Year <input type="text"/>	Trailer LP # <input type="text"/>	Placard # <input type="text"/>	# Dia. <input type="text"/>
Cargo Body Type <input type="checkbox"/> 01 Not Applicable <input type="checkbox"/> 02 Bus (9-15) Including Driver <input type="checkbox"/> 03 Van/Enclosed Box <input type="checkbox"/> 04 Grain/Chips/Gravel <input type="checkbox"/> 05 Pole <input type="checkbox"/> 06 Cargo Tan <input type="checkbox"/> 07 Flatbed <input type="checkbox"/> 08 Dump <input type="checkbox"/> 09 Concrete Mixer <input type="checkbox"/> 10 Auto Transporter <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Other <input type="checkbox"/> 13 Unknown	Weight (GVWR) <input type="checkbox"/> 1 Less/Equal 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 More Than 26,000	CDL Class <input type="checkbox"/> 1 Class A <input type="checkbox"/> 2 Class B <input type="checkbox"/> 3 Class C <input type="checkbox"/> 4 Class M <input type="checkbox"/> 5 Class D	Hazardous Materials Placard <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Unknown	Hazardous Material Released <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Not Applicable <input type="checkbox"/> 4 Unknown			

Police Action Date Crash Reported: 02182010 Time Rec Call: 1126 Dispatch: 1128 Arrived: 1128 Cleared: 1145 Other: 25 Total Minutes: 42	Officer's Name: <input type="text"/> Brumfield, William Badge #: <input type="text"/> 1F31 Checked By: <input type="text"/> Warrington, Mark Date Report Filed: <input type="text"/> 02182010		
Report Taken By: <input checked="" type="checkbox"/> 1 Police Agency <input type="checkbox"/> 2 Motorist	Report Taken At: <input type="checkbox"/> 1 Scene <input checked="" type="checkbox"/> 2 Station <input type="checkbox"/> 3 Other	Supplement * <input type="checkbox"/> X if Yes	Local Report # * <input type="text"/> 10-060