

# OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
10-059	4 1 Fatal 3 PDO 2 Injury 4 Unknown	'X' If Yes	3 1 Not Hit / Skip 2 Solved 3 Unsolved	'X' If Yes				
N.C.I.C. # *	Reporting Agency *	# Units	Unit Error	Date of Crash *				
08301	Franklin Police Department	02	01 98 = Animal 99 = Unknown	02182010				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
0949	THU	X			Franklin	83		

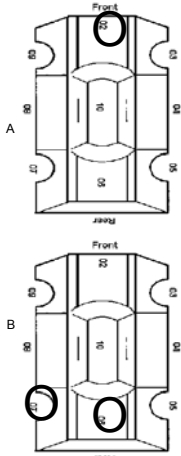
<b>CRASH OCCURRED ON</b>			<b>Type Location Point Used</b>		<b>LOCAL INFORMATION</b>
Prefix	Crash Location	Type Loc	1 Named Street	3 Numbered Route	
	Thirkield AV	1	2 Numbered Street		
<b>AT / REFERENCE</b>			<b>Reference Point Used</b>		
Dist Reference	DR	Prefix	Reference	Ref Point	
			Farm Ave	02	
			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	

<b>A</b>	Unit #	# of Occ.	Name (Last, First, Middle)		
	01	01	UNKNOWN		
Address (Street, City, State, Zip Code)					
Social Security Number					
Date of Birth		Age		Sex	
				M	
DL State	DL #	LP State	LP #	Injured Taken By	Injured Taken To
				5 1 None 4 Other 2 EMS 5 Unknown 3 Police	
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)		
UNKNOWN					
Year	Make	Model	Color	Insurance Company	Owner Phone #
			BLK		
Offense Charged		Offense Description		Citation #	Local Code? 'X' If Yes

<b>B</b>	Unit #	# of Occ.	Name (Last, First, Middle)		
	02				
Address (Street, City, State, Zip Code)					
Social Security Number					
Date of Birth		Age		Sex	
DL State	DL #	LP State	LP #	Injured Taken By	Injured Taken To
		OH	ERC6022		
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)		
SLAYTON KIMBERLY			25 FARM AVE FRANKLIN OH 45005		
Year	Make	Model	Color	Insurance Company	Owner Phone #
1998	KIA	SPORT	TAN	Geico Insurance	(937) 405-8453
Offense Charged		Offense Description		Citation #	Local Code? 'X' If Yes

<b>C</b>	Unit #	Name (Last, First, Middle)		Home Phone #	Date of Birth	Age	Sex
Address (Street, City, State, Zip Code)							
				Injured Taken By	Transported By	Injured Taken To	
				1 None 4 Other 2 EMS 5 Unknown 3 Police			
<b>D</b>	Unit #	Name (Last, First, Middle)		Home Phone #	Date of Birth	Age	Sex
Address (Street, City, State, Zip Code)							
				Injured Taken By	Transported By	Injured Taken To	
				1 None 4 Other 2 EMS 5 Unknown 3 Police			

<b>01</b>	<b>Seating Position</b>	<b>14</b>	<b>Safety Equipment Motorist</b>	<b>6</b>	<b>Air Bag</b>	<b>4</b>	<b>Air Bag Switch</b>	<b>1</b>	<b>Ejection</b>	<b>1</b>	<b>Trapped</b>	<b>6</b>	<b>Injuries</b>
A	01 Front - Left ( MC Driver)	A	01 None Used	A	1 Not Deployed	A	1 Not Present	A	1 Not Ejected	A	1 Not Trapped	A	1 No Injury
B	02 Front - Middle	B	02 Shoulder Belt Only	B	2 Deployed-Front	B	2 In On Position	B	2 Totally Ejected	B	2 Extrinsic By Mechanical Means	B	2 Possible
C	03 Front - Right	C	03 Lap Belt Only	C	3 Deployed-Side	C	3 In Off Position	C	3 Partially Ejected	C	3 Freed BY Non-Mechanical Means	C	3 Non-Incapacitating
D	04 Second - Left ( MC Pass)	D	04 Shoulder /Lap Belt	D	4 Deployed Both Front/Side	D	4 Unknown	D	4 Not Applicable	D	4 Unknown	D	4 Incapacitating
	05 Second - Middle		05 Child Safety Seat		5 Not Applicable				5 Unknown				5 Fatal Injury
	06 Second - Right		06 MC Helmet Used		6 Unknown								6 Unknown
	07 Third - Left		07 Use Unknown										
	08 Third - Middle		<b>Non-Motorist</b>										
	09 Third - Right		08 Non Used										
	10 Sleeper Section Of Cab		09 Helmet Used										
	11 Enclosed Cargo Area		10 Protective Pads										
	12 Unenclosed Cargo Area		11 Reflective Clothing										
	13 Trailing Unit		12 Lighting										
	14 Exterior		13 Other										
	15 Other		14 Unknown										
	16 Non-Motorist												
	17 Unknown												
												Supplement * 'X' if Yes	

<p><b>Unit Numbers</b></p> <p><b>01</b> <b>02</b></p> <p><b>Non-Motorist Location</b></p> <p><b>A</b> <b>B</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><b>Type Of Unit</b></p> <p><b>06</b> <b>06</b></p> <p><b>Motorist</b></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><b>Non-Motorist</b></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><b>In Emergency Response</b></p> <p><b>A</b> <b>B</b></p> <p>1 No  2 Yes  3 Unknown</p> <p><b>Damage Scale</b></p> <p><b>6</b> <b>3</b></p> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<p><b>Damage Area</b></p>  <p><b>Most Damaged Area</b></p> <p><b>02</b> <b>07</b></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><b>Point Of Impact</b></p> <p><b>02</b> <b>07</b></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><b>Action</b></p> <p><b>3</b> <b>4</b></p> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</p> <p><b>Striking Vehicle: Override/ Underride</b></p> <p><b>A</b> <b>B</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><b>Pre-Crash Actions</b></p> <p><b>01</b> <b>10</b></p> <p><b>Motorist</b></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><b>Non-Motorist</b></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><b>Contributing Circumstances</b></p> <p><b>15</b> <b>01</b></p> <p><b>Motorist</b></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><b>Non-Motorist</b></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><b>Vehicle Defect Code Only If '19' Selected Above</b></p> <p><b>A</b> <b>B</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><b>Sequence Of Events</b></p> <p><b>A</b> <b>B</b></p> <p><b>20</b> <b>20</b></p> <p><b>2</b> <b>2</b></p> <p><b>3</b> <b>3</b></p> <p><b>4</b> <b>4</b></p> <p><b>Non-Collision</b></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><b>Collision w/ Person, Vehicle, Or Object Not Fixed</b></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><b>Collision with Fixed Object</b></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><b>First Harmful Event</b></p> <p><b>1</b> <b>1</b></p> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p> <p><b>Most Harmful Event</b></p> <p><b>1</b> <b>B</b></p> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p> <p><b>Speed Detected</b></p> <p><b>2</b> <b>1</b></p> <p>1 Stated  2 Estimated Speed</p> <p><b>Speed</b></p> <p><b>25</b> <b>A</b></p> <p><b>0</b> <b>B</b></p>	<p><b>Posted Speed</b></p> <p><b>25</b> <b>25</b></p> <p><b>Traffic Control</b></p> <p><b>01</b> <b>01</b></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><b>Direction</b></p> <p>From To From To</p> <p><b>1</b> <b>2</b> <b>B</b> <b>B</b></p> <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p> <p><b>Condition</b></p> <p><b>8</b> <b>B</b></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><b>Alcohol/Drug Suspected</b></p> <p><b>6</b> <b>B</b></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><b>Alcohol Test Status</b></p> <p><b>1</b> <b>B</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><b>Alcohol Test Type</b></p> <p><b>1</b> <b>B</b></p> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p> <p><b>Alcohol Test Result</b></p> <p><b>A</b> <b>B</b></p>	<p><b>Drug Test Status</b></p> <p><b>1</b> <b>B</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><b>Drug Test Type</b></p> <p><b>1</b> <b>B</b></p> <p>1 None  2 Blood  3 Urine  4 Other</p> <p><b>Drug Test 1&amp;2 Result</b></p> <p><b>A</b> <b>B</b></p> <p><b>1</b> <b>2</b> <b>1</b> <b>2</b></p> <p>1 None  2 Marijuana  3 Cocaine  4 Opiates  5 Amphetamines  6 PCP  7 Other  8 Unknown at Time Of Reporting</p> <p><b>Type of Intersection</b></p> <p><b>01</b></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><b>Occurrence</b></p> <p><b>1</b></p> <p>1 On Roadway  2 On Shoulder  3 In Median  4 On Roadside  5 On Gore  6 Outside Trafficway  7 Unknown</p> <p><b>Road Contour</b></p> <p><b>1</b></p> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p> <p><b>Road Conditions</b></p> <p>Primary <b>02</b> Secondary <b>B</b></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</p> <p>Local Report #*</p> <p><b>10-059</b></p>	

# Narrative

Unit #2 was legally parked unoccupied on Thirkiel Av. near the intersection of Farm Av. when it was struck in the rear end by Unit #1 after Unit #1 turned from Farm Av. onto Thirkiel Av. Unit #1 fled the scene.

## 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

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

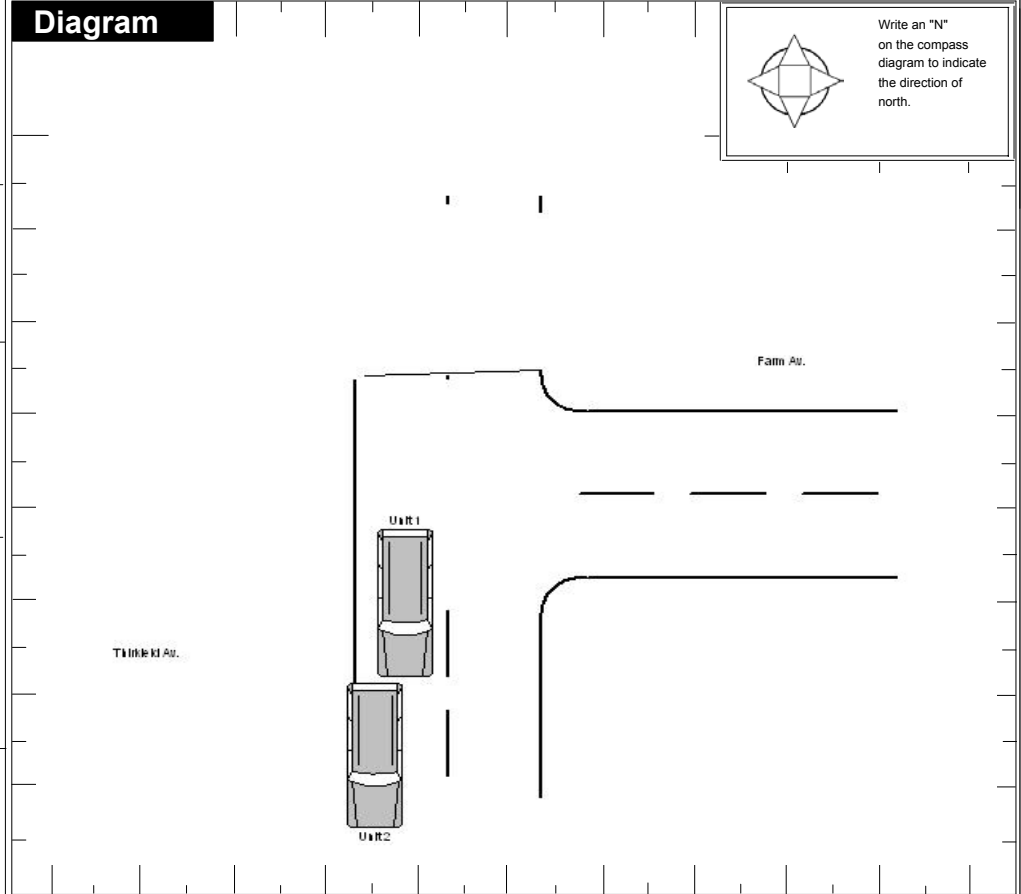
## Light Conditions

Primary 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



## 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 #

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: 02182010 Time Rec. Call: 0949 Dispatch: 0951 Arrived: 0956 Cleared: 0000 Other: 0 Total Minutes: 0

Officer's Name \*

Cotton, Shannon

Badge # \*

1F21

Checked By

Warrington, Mark

Date Report Filed \*

02182010

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 # \*

10-059