

OHIO TRAFFIC CRASH REPORT



Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
10-066	3 1 Fatal 3 PDO 2 Injury 4 Unknown	'X' If Yes	1 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	01	01 98 = Animal 99 = Unknown	02252010				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
0529	THU	X			Franklin	83		

CRASH OCCURRED ON	Type Location Point Used	LOCAL INFORMATION
Prefix Crash Location SB I-75	Type Loc 3 1 Named Street 3 Numbered Route 2 Numbered Street	36.00 SB I-75

AT / REFERENCE	Reference Point Used	04 House Number	08 Place Name W/O Reference
Dist Reference DR Prefix Reference 36 Mile Marker	Ref Point 06 01 State Line 02 Intersection 2 Streets 03 County Line	05 Township Boundary	09 Driveway 10 Street or Route W/O Reference

Unit #	# of Occ.	Name (Last, First, Middle)
A 01 01		BRATCHER HOWARD
Address (Street, City, State, Zip Code) 225 CURTISS WRIGHT BLVD VANDALIA OH 45377		

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	12101969	40	M	(937) 422-9349	
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 RP275232	OH DMU2882	1			

Owner Name (if same, write "SAME")	Address (Street, City, State, Zip Code)
BRATCHER HOWARD	225 CURTISS WRIGHT BLVD VANDALIA OH 45377
Year Make Model Color	Insurance Company Towing Service Owner Phone #
1995 FORD MUS RED	Progressive None (937) 422-9349

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

Motorist / Non-Motorist

Unit #	# of Occ.	Name (Last, First, Middle)
B		
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 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 Model Color	Insurance Company Towing Service Owner Phone #

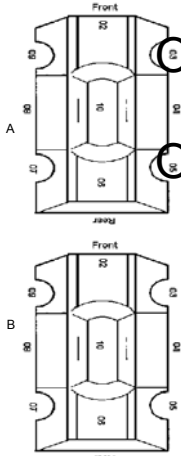
Offense Charged	Offense Description	Citation #	Local Code? 'X' If Yes

Occupant

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

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

01 Seating Position	04 Safety Equipment Motorist	1 Air Bag	4 Air Bag Switch	1 Ejection	1 Trapped	1 Injuries
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	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	1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	1 Not Present 2 In On Position 3 In Off Position 4 Unknown	1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown
A	B	A	A	A	A	A
B	B	B	B	B	B	B
C	C	C	C	C	C	C
D	D	D	D	D	D	D
						Supplement * 'X' if Yes

Unit Numbers <input type="text" value="01"/> <input type="text"/> <input type="text"/>	Damage Area 	Pre-Crash Actions <input type="text" value="01"/> <input type="text"/> <input type="text"/>	Sequence Of Events <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Posted Speed <input type="text" value="55"/> <input type="text"/> <input type="text"/>	Drug Test Status <input type="text" value="1"/> <input type="text"/>
A	B																
<input type="text" value="20"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
Non-Motorist Location <input type="text" value="05"/> <input type="text"/> <input type="text"/> <ol style="list-style-type: none"> Marked Crosswalk At Intersection Intersection/ No Crosswalk Non-Intersection Crosswalk Driveway Access Crosswalk In Roadway Not In Roadway Median (But Not Shoulder) Island Shoulder Sidewalk Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island) Beyond 10 Feet Of Roadway (Within Trafficway) Outside Trafficway Shared Use Paths Or Trails Unknown 	Most Damaged Area <input type="text" value="05"/> <input type="text"/> <input type="text"/> <ol style="list-style-type: none"> None Center Front Right Front Right Side Right Rear Rear Center Left Rear Left Side Left Front Top And Windows Undercarriage Load / Trailer Total (All Areas) Other Unknown 	Motorist <ol style="list-style-type: none"> Movements Essentially Straight Ahead Backing Changing Lanes Overtaking/Passing Turning Right Turning Left Making U-Turn Entering Traffic Lane Leaving Traffic Lane Parked Slowing/Stopped In Traffic Driverless Other Unknown Non-Motorist <ol style="list-style-type: none"> Entering/Crossing In Specified Location Walking, Running, Jogging, Playing, Cycling Working Pushing Vehicle Approaching/Leaving Vehicle Playing/Working On Vehicle Standing Other Unknown 	Non-Collision <ol style="list-style-type: none"> Overtum/Rollover Fire/Explosion Immersion Jackknife Cargo/Equipment Loss/Shift Equipment Failure Separation Of Units Ran Off Road Right Ran Off Road Left Cross Median/Centerline Downhill Runaway Other Non-Collision Unknown Non-Collision Collision w/ Person, Vehicle, Or Object Not Fixed <ol style="list-style-type: none"> Pedestrian Pedalcycle Railway Vehicle Animal - Farm Animal - Deer Animal - Other Motor Vehicle In Transport Parked Motor Vehicle Work Zone Maintenance Equipment Other Movable Object Unknown Movable Object Collision with Fixed Object <ol style="list-style-type: none"> Impact Attenuator/Crash Cushion Bridge Overhead Structure Bridge Pier Or Abutment Bridge Parapet Bridge Rail Guardrail Face Guardrail End Median Barrier Highway Traffic Sign Post Overhead Sign Post Light/Luminaries Support Utility Pole Other Post, Pole Or Support Culvert Curb Ditch Embankment Fence Mailbox Tree Other Fixed Object Work Zone Maintenance Equipment Unknown Fixed Object Other Unknown 	Traffic Control <input type="text" value="01"/> <input type="text"/> <input type="text"/> <ol style="list-style-type: none"> No controls Stop Sign Yield Sign Traffic Signal Traffic Flashers School Zone Railroad Crossbucks Railroad Flashers Railroad Gates Construction Barricade Police Officer Pavement Markings Crosswalk Lines Walk/Don't Walk Signal Traffic Control Device Inoperative, Missing, Obscured Other 	Drug Test Type <input type="text" value="1"/> <input type="text"/> <ol style="list-style-type: none"> None Test Refused Test Given, Contaminated Sample/Unusable Test Given, Results Known Test Given, Results Unknown Unknown Drug Test 1&2 Result <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <ol style="list-style-type: none"> None Marijuana Cocaine Opiates Amphetamines PCP Other Unknown at Time Of Reporting 	A	B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
A	B																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
Type Of Unit <input type="text" value="02"/> <input type="text"/> <input type="text"/> Motorist <ol style="list-style-type: none"> Sub-Compact Compact Mid Size Full Size Minivan Sport Utility Vehicle Pickup Panel/Van Single Unit Truck; 2 Axles, 6 Tires Single Unit Truck; 3+ Axles Truck/Trailer Truck Tractor (Bobtail) Tractor/Semi-Trailer Tractor/Double Short Tractor/Double Long Fifth Wheel Or Converter Dolly Tractor/Triples Motorcycle Motorized Bicycle School Bus Church Bus Public Bus Other Bus Police Vehicle Fire Truck Ambulance/Rescue Taxi Motor Home Train Farm Vehicle Farm Equipment Snowmobile Construction Equipment All Others 	Point Of Impact <input type="text" value="05"/> <input type="text"/> <input type="text"/> <ol style="list-style-type: none"> None Center Front Right Front Right Side Right Rear Rear Center Left Rear Left Side Left Front Top And Windows Undercarriage Load/Trailer Total (All Areas) Other Unknown 	Contributing Circumstances <input type="text" value="15"/> <input type="text"/> <input type="text"/> Motorist <ol style="list-style-type: none"> None Failure To Yield Ran Red Light, Or Stop Sign Exceeded Speed Limit Unsafe Speed Improper Turn Left of Center Followed Too Closely/ACDA Improper Lane Change/ Drove Off Road/ Improper Passing Improper Backing Improper Start From Parked Position Stopped or Parked Illegally Operating Vehicle In Erratic, Reckless, Careless, Negligent or Aggressive Manner Swerving to Avoid (Due to Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc) Failure To Control Vision Obstruction Driver Inattention Fatigue/Asleep Operating Defective Equipment Load Shifting/Falling/Spilling Other Improper Action Unknown 	Condition <input type="text" value="1"/> <input type="text"/> <ol style="list-style-type: none"> Apparently Normal Physical Impairment Emotional Illness Fell Asleep, Fainted, Fatigued, Etc. Under The Influence Of Medications/Drugs/Alcohol Other Unknown 	Direction <table border="1"> <tr> <td>From</td> <td>To</td> <td>From</td> <td>To</td> </tr> <tr> <td><input type="text" value="12"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <ol style="list-style-type: none"> North South East West Northeast Northwest Southeast Southwest Unknown 	From	To	From	To	<input type="text" value="12"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Type of Intersection <input type="text" value="01"/> <input type="text"/> <ol style="list-style-type: none"> Not An Intersection Four-Way Intersection T-Intersection Y-Intersection Traffic Circle/Roundabout Five-Point, Or More On Ramp Off Ramp Crossover Driveway/Access Railway Grade Crossing Shared-Use Paths Or Trails Unknown 				
From	To	From	To														
<input type="text" value="12"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
In Emergency Response <input type="text"/> <input type="text"/> <ol style="list-style-type: none"> No Yes Unknown 	Action <input type="text" value="3"/> <input type="text"/> <input type="text"/> <ol style="list-style-type: none"> Non-Contact Non-Collision Striking Struck Both Striking And Struck Unknown 	Non-Motorist <ol style="list-style-type: none"> Animal W/Rider Animal W/Buggy Bicycle Pedestrian Pedalcyclist Skater Other-Non Motorist Unknown 	First Harmful Event <input type="text" value="1"/> <input type="text"/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Alcohol/Drug Suspected <input type="text" value="1"/> <input type="text"/> <ol style="list-style-type: none"> None Yes-Alcohol Suspected Yes-HBD Not Impaired Yes-Drugs Suspected Yes-Alcohol / Drugs Suspected Unknown 	Occurrence <input type="text" value="1"/> <input type="text"/> <ol style="list-style-type: none"> On Roadway On Shoulder In Median On Roadside On Gore Outside Trafficway Unknown 												
Damage Scale <input type="text" value="2"/> <input type="text"/> <ol style="list-style-type: none"> None Non-Functional Damage Functional Damage Disabling Damage Severe Unknown 	Striking Vehicle: Override/ Underride <input type="text" value="1"/> <input type="text"/> <input type="text"/> <ol style="list-style-type: none"> No Underride Or Override Underride, Compartment Intrusion Underride, No Compartment Intrusion Underride, Compartment Intrusion Unknown Override, Motor Vehicle In Transport Override , Other Vehicle Unknown 	Vehicle Defect Code Only If '19' Selected Above <input type="text"/> <input type="text"/> <input type="text"/> <ol style="list-style-type: none"> Turn Signals Head Lamps Tail Lamps Brakes Steering Tire Blowout Worn Or Slick Tires Trailer Equipment Defective Motor Trouble Disabled From Prior Crash Other Defects 	Most Harmful Event <input type="text" value="1"/> <input type="text"/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Alcohol Test Status <input type="text" value="1"/> <input type="text"/> <ol style="list-style-type: none"> None Test Refused Test Given, Contaminated Sample/Unusable Test Given, Results Known Test Given, Results Unknown Unknown 	Road Contour <input type="text" value="1"/> <input type="text"/> <ol style="list-style-type: none"> Straight Level Straight Grade Curve Level Curve Grade 												
Speed Detected <input type="text" value="2"/> <input type="text"/> <input type="text"/> <ol style="list-style-type: none"> Stated Estimated Speed 	Alcohol Test Type <input type="text" value="1"/> <input type="text"/> <ol style="list-style-type: none"> None Blood Urine Breath Other 	Speed <input type="text" value="25"/> <input type="text"/> <input type="text"/>	Alcohol Test Result <input type="text"/> <input type="text"/> <input type="text"/>	Alcohol Test Result <input type="text"/> <input type="text"/> <input type="text"/>	Road Conditions <table border="1"> <tr> <td>Primary</td> <td>Secondary</td> </tr> <tr> <td><input type="text" value="03"/></td> <td><input type="text" value="04"/></td> </tr> </table> <ol style="list-style-type: none"> Dry Wet Snow Ice Sand, Mud, Dirt, Oil, Gravel Water (Standing, Moving) Slush Debris** Rut, Holes, Bumps, Uneven Pavement ** Other Unknown <p>** Secondary Road Conditions ONLY</p>	Primary	Secondary	<input type="text" value="03"/>	<input type="text" value="04"/>								
Primary	Secondary																
<input type="text" value="03"/>	<input type="text" value="04"/>																
Supplement * 'X' if Yes		Local Report # * <input type="text" value="10-066"/>															

Narrative

Unit 1 spun out and struck the passenger side of the vehicle against the retaining wall.

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

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: 6 Secondary:

- 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

2

- 1 No
- 2 Yes
- 3 Unknown

Type of Work Zone

5

- 1 Lane Closure
- 2 Lane Shift/Crossover
- 3 Work On Shoulder Or Median
- 4 Intermittent/Moving Work
- 5 Other

Location Of Crash In

4

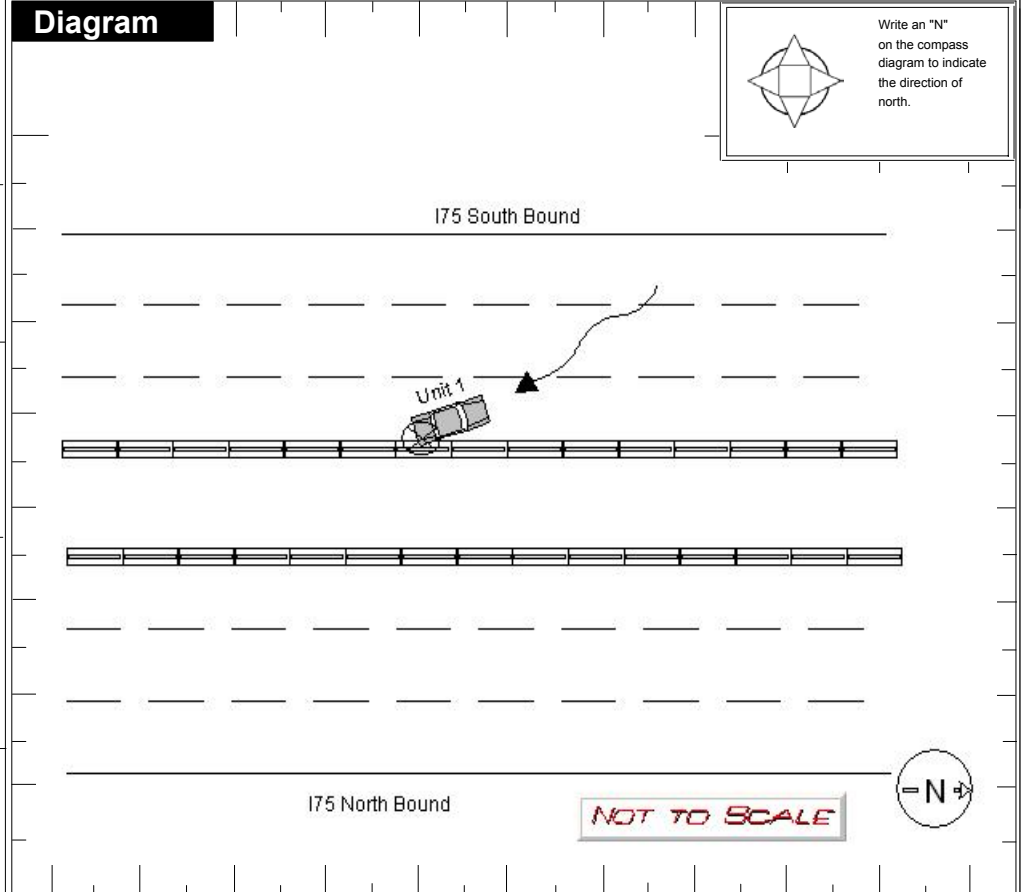
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

Diagram



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: 02252010 Time Rec Call: 0529 Dispatch: 0529 Arrived: 0529 Cleared: 0545 Other: 45 Total Minutes: 60

Officer's Name *

LACON, JACOB

Badge # *

46

Checked By

Warrington, Mark

Date Report Filed *

02252010

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 # *

10-066