

OHIO

TRAFFIC CRASH REPORT

Local Report # *

10-021

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 *

01162010

Time of Crash

0114

Day of Week

SAT

City *

X

Village *

TWP *

Name (Of City, Village or Township) *

Franklin

County # *

83

Latitude

Longitude

CRASH OCCURRED ON

Prefix Crash Location

ST RT 73

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

IR-75 S.B. Off Ramp

Ref Point

02

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

Unit #

of Occ.

A 01 01

Name (Last, First, Middle)

NAUYOKS JONAS

Address (Street, City, State, Zip Code)

6228 CEDAR LN

MIAMISBURG OH 45342

Social Security Number

Date of Birth

Age

Sex

Home Phone #

Work Phone #

02031983

26

M

(513) 617-1170

DL State

DL #

OH RW330097

LP State

LP #

OH EEN6313

Injured Taken By

1 None 4 Other 2 EMS 5 Unknown 3 Police

Transported By

Injured Taken To

Owner Name (if same, write "SAME")

NAUYOKS JONAS

Address (Street, City, State, Zip Code)

6228 CEDAR LN

MIAMISBURG OH 45342

Year

Make

Model

Color

Insurance Company

Towing Service

Owner Phone #

2007

TOYT

COA

BLU

Did Not Provide Current C

Fugates Auto

(513) 617-1170

Offense Charged

331.34

Offense Description

Failure To Maintain Control

Citation #

53537

Local Code? X If Yes

Unit #

of Occ.

B

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 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

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

Seating Position 01 01 A 02 01 B 03 01 C 04 01 D 05 02 A 06 02 B 07 02 C 08 02 D 09 03 A 10 03 B 11 03 C 12 03 D 13 04 A 14 04 B 15 04 C 16 04 D 17 05 A 18 05 B 19 05 C 20 05 D

Safety Equipment Motorist 04 04 A 05 04 B 06 04 C 07 04 D Non-Motorist 08 04 A 09 04 B 10 04 C 11 04 D 12 04 A 13 04 B 14 04 C 15 04 D

Air Bag 2 2 A 3 2 B 4 2 C 5 2 D

Air Bag Switch 1 1 A 2 1 B 3 1 C 4 1 D

Ejection 1 1 A 2 1 B 3 1 C 4 1 D

Trapped 1 1 A 2 1 B 3 1 C 4 1 D

Injuries 1 1 A 2 1 B 3 1 C 4 1 D Supplement * X if Yes

Unit Numbers

01

Non-Motorist Location

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

Type Of Unit

02

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

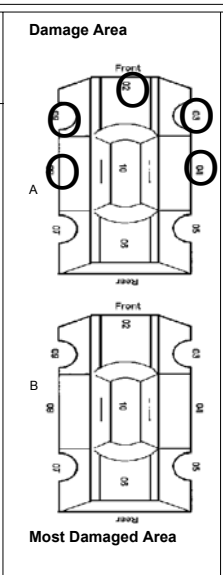
In Emergency Response

1 No
 2 Yes
 3 Unknown

Damage Scale

4

1 None
 2 Non-Functional Damage
 3 Functional Damage
 4 Disabling Damage
 5 Severe
 6 Unknown



04

Point Of Impact

04

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

Action

3

1 Non-Contact
 2 Non-Collision
 3 Striking
 4 Struck
 5 Both Striking And Struck
 6 Unknown

Striking Vehicle: Override/ Underride

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

Action

3

Action

3

Action

3

Action

3

Action

3

Pre-Crash Actions

01

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

Contributing Circumstances

15

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

Vehicle Defect Code Only If '19' Selected Above

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

Vehicle Defect Code Only If '19' Selected Above

Vehicle Defect Code Only If '19' Selected Above

Vehicle Defect Code Only If '19' Selected Above

Sequence Of Events

A B

32 1

32 2

32 3

4

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

Condition

6

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

Condition

6

Condition

6

Condition

6

Condition

6

Condition

6

Condition

6

Condition

6

Condition

6

Condition

6

Condition

6

Condition

6

Condition

6

Condition

6

Posted Speed

35

Traffic Control

01

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

Direction

From To From To

34

1 North
 2 South
 3 East
 4 West
 5 Northeast
 6 Northwest
 7 Southeast
 8 Southwest
 9 Unknown

Direction

34

Direction

34

Direction

34

Direction

34

Direction

34

Direction

34

Direction

34

Direction

34

Direction

34

Direction

34

Direction

34

Direction

34

Direction

34

Direction

34

Drug Test Status

1

1 None
 2 Test Refused
 3 Test Given, Contaminated Sample/Unusable
 4 Test Given, Results Known
 5 Test Given, Results Unknown
 6 Unknown

Drug Test Type

1

1 None
 2 Blood
 3 Urine
 4 Other

Drug Test Type

1

Drug Test 1&2 Result

1 None
 2 Marijuana
 3 Cocaine
 4 Opiates
 5 Amphetamines
 6 PCP
 7 Other
 8 Unknown at Time Of Reporting

Drug Test 1&2 Result

Drug Test 1&2 Result

Drug Test 1&2 Result

Drug Test 1&2 Result

Drug Test 1&2 Result

Drug Test 1&2 Result

Drug Test 1&2 Result

Drug Test 1&2 Result

Drug Test 1&2 Result

Drug Test 1&2 Result

Drug Test 1&2 Result

Drug Test 1&2 Result

Drug Test 1&2 Result

Drug Test 1&2 Result

Drug Test 1&2 Result

Drug Test 1&2 Result

Supplement * 'X' if Yes Local Report # *

10-021

Narrative

Unit #1 was traveling W. bound on St. Rt. 73 in the left lane when (according to Unit #1 driver) a vehicle pulled in front of Unit #1. Unit #1 moved from the left lane into the right lane, failing to maintain control of the vehicle, striking the concrete road barriers on the right side of the roadway, then swerving to the left and striking the concrete road barriers, then swerving back to the right striking the concrete barriers, where the vehicle came to rest.

Manner Of Collision or Impact

6

- 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 **5** 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

4

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

Location Of Crash In

4

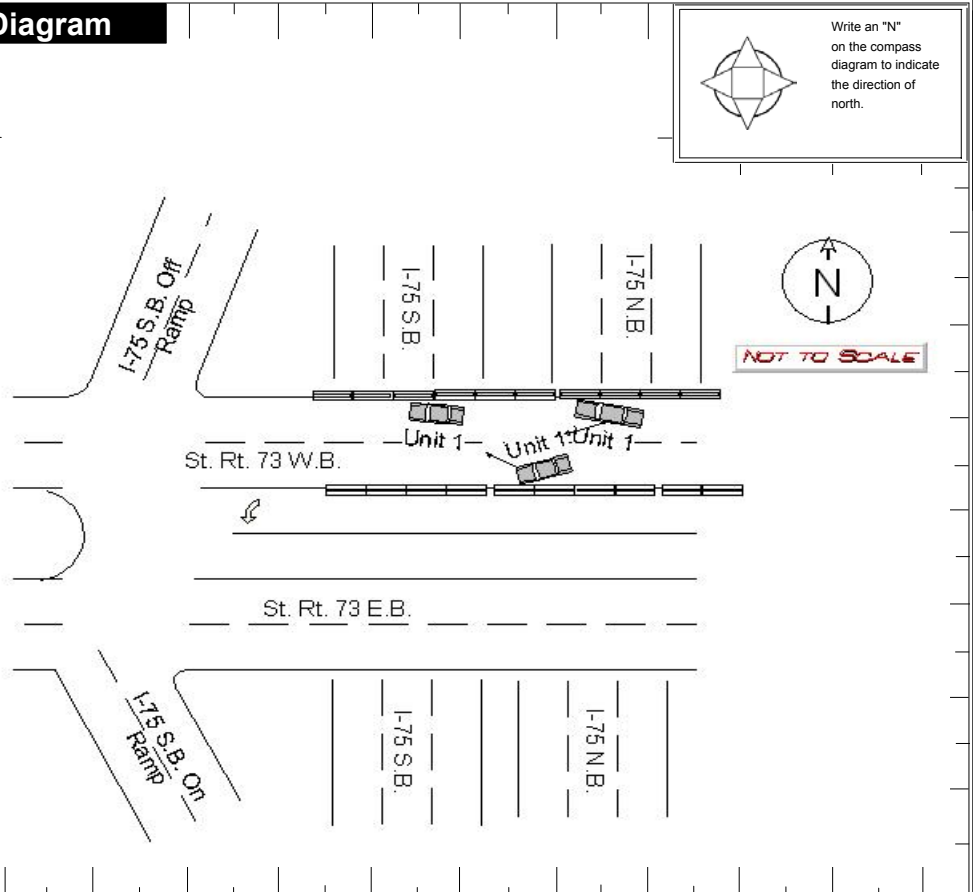
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

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.

**A
N
D**

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 **01162010** Time Rec. Call **0120** Dispatch **0122** Arrived **0127** Cleared **0000** Other **0** Total Minutes **0**

Officer's Name *

Pacifico, Brian

Badge # *

1F23

Checked By

Warrington, Mark

Date Report Filed *

01162010

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 # *

10-021