

# OHIO TRAFFIC CRASH REPORT

Local Report # \*  
**10-024**

Crash Severity  
**1** 1 Fatal 3 PDO  
2 Injury 4 Unknown

Private Property  
'X'   
If Yes

Hit / Skip  
**1** 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 \*  
**01182010**

Time of Crash **1649** Day of Week **MON** City \* **X** Village \* TWP \* Name (Of City, Village or Township) \* **Franklin** County # \* **83** Latitude Longitude

**CRASH OCCURRED ON**  
Prefix Crash Location **E 2ND** Type Loc **ST** Type Location Point Used  
1 Named Street 3 Numbered Route  
2 Numbered Street

**AT / REFERENCE**  
Dist Reference **75** DR **E** Prefix **Millard Drive** Reference **02** Ref Point  
**Reference Point Used**  
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

**A** Unit # **01** # of Occ. **01** Name (Last, First, Middle) **KIRBY KATHERINE L**  
Address (Street, City, State, Zip Code) **8902 GARLAND ST CARLISLE OH 45005-0000**

Social Security Number **10181918** Date of Birth **91** Age **F** Sex **F** Home Phone # **(937) 746-5929** Work Phone #

DL State **OH** DL # **RK840130** LP State **OH** LP # **CRS9854** Injured Taken By **1 None 2 EMS 3 Police** 4 Other 5 Unknown

Owner Name (if same, write "SAME") **KIRBY KATHERINE L** Address (Street, City, State, Zip Code) **8902 GARLAND ST CARLISLE OH 45005-0000**

Year **1997** Make **MERC** Model **TRA** Color **WHT** Insurance Company **State Farm Ins Co** Towing Service Owner Phone # **(937) 746-5929**

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

**B** Unit # **02** # of Occ. **01** Name (Last, First, Middle) **BROWN MARK R**  
Address (Street, City, State, Zip Code) **Franklin OH 45005-0000**

Social Security Number **06271978** Date of Birth **31** Age **M** Sex **M** Home Phone # **(937) 746-9694** Work Phone #

DL State **OH** DL # **DQK6103** LP State **OH** LP # **DQK6103** Injured Taken By **1 None 2 EMS 3 Police** 4 Other 5 Unknown

Owner Name (if same, write "SAME") Address (Street, City, State, Zip Code)

Year **2000** Make **JEEP** Model **WRAN** Color **GRN** Insurance Company **Nationwide Ins Co** Towing Service Owner Phone #

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

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

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

**01** **Seating Position**  
01 Front - Left ( MC Driver)  
02 Front - Middle  
03 Front - Right  
**01** **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** **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** **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** 4 Unknown

**1** **Ejection**  
1 Not Ejected  
2 Totally Ejected  
3 Partially Ejected  
**1** **1** 4 Not Applicable  
5 Unknown

**1** **Trapped**  
1 Not Trapped  
2 Extricated By Mechanical Means  
3 Freed BY Non-Mechanical Means  
**1** **1** 4 Unknown

Supplement \*  
'X' if Yes

Motorist / Non-Motorist

Occupant

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

# Narrative

Driver of unit #1 turned left across opposing lanes of travel and struck unit #2 which was in the number two lane east bound.

## 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: 1  
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

1

- 1 No
- 2 Yes
- 3 Unknown

## Type of Work Zone

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

## Location Of Crash In

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

## Workers Present

- 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.

**A**  
**N**  
**D**  
**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.
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## Cargo Body Type

- |                                |              |                     |
|--------------------------------|--------------|---------------------|
| 01 Not Applicable              | 05 Pole      | 09 Concrete Mixer   |
| 02 Bus (9-15) Including Driver | 06 Cargo Tan | 10 Auto Transporter |
| 03 Van/Enclosed Box            | 07 Flatbed   | 11 Garbage/Refuse   |
| 04 Grain/Chips/Gravel          | 08 Dump      | 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	Time Rec. Call	Dispatch	Arrived	Cleared	Other	Total Minutes
01182010	1649	1651	1654	1705	30	44

Officer's Name *	Badge # *	Checked By	Date Report Filed *
Wolf, Troy	1F22	Warrington, Mark	01182010

Report Taken By	Report Taken At	Supplement *	Local Report # *
1 1 Police Agency 2 Motorist	1 1 Scene 2 Station 3 Other	<input type="checkbox"/> X if Yes	10-024