

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
10-028	2 1 Fatal 3 PDO 2 Injury 4 Unknown	X If Yes	1 Not Hit / Skip 2 Solved 3 Unsolved	X If Yes	X			
N.C.I.C. # *	Reporting Agency *	# Units	Unit Error	Date of Crash *				
08301	Franklin Police Department	02	01 98 = Animal 99 = Unknown	01232010				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1306	SAT	X			franklin	83		

CRASH OCCURRED ON			Type Location Point Used		LOCAL INFORMATION	
Prefix	Crash Location	Type Loc	1 Named Street	3 Numbered Route		
E	2ND ST	1	2 Numbered Street			
AT / REFERENCE			Reference Point Used			
Dist Reference	DR	Prefix	Reference	Ref Point	04 House Number	08 Place Name W/O Reference
					01 State Line	05 Township Boundary
					02 Intersection 2 Streets	06 Mile Post
					03 County Line	07 Corporation Limit
					09 Driveway	10 Street or Route W/O Reference

Unit #	# of Occ.	Name (Last, First, Middle)	
A 01 02		BACK ROBERT L	
Address (Street, City, State, Zip Code)			
217 PARK AVE FRANKLIN OH 45005			
Social Security Number	Date of Birth	Age	Sex
	07081917	92	M
Home Phone #	Work Phone #		
(937) 746-7868			
DL State	DL #	LP State	LP #
OH	RR487620	OH	KAYLEE1
Injured Taken By	1 None	4 Other	2 EMS
	3 Police	5 Unknown	
Transported By	Injured Taken To		
	Southview Hospital		
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)	
BACK ROBERT L		217 PARK AVE FRANKLIN OH 45005	
Year	Make	Model	Color
1999	BUIC		MAR
Insurance Company	Towing Service	Owner Phone #	
Wade Ins.	Steve's Towing & R	(937) 746-7868	
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes

Unit #	# of Occ.	Name (Last, First, Middle)	
B 02 02		FOX DEBORAH A	
Address (Street, City, State, Zip Code)			
1740 E CENTRAL AVE MIAMISBURG OH 45342			
Social Security Number	Date of Birth	Age	Sex
	06041951	58	F
Home Phone #	Work Phone #		
DL State	DL #	LP State	LP #
OH	RH418879	OH	DGG3091
Injured Taken By	1 None	4 Other	2 EMS
	3 Police	5 Unknown	
Transported By	Injured Taken To		
JEMS	Southview Hospital		
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)	
FOX DEBORAH A		1740 E CENTRAL AVE MIAMISBURG OH 45342	
Year	Make	Model	Color
2005	HYUN	ELN	RED
Insurance Company	Towing Service	Owner Phone #	
Progressive	A-1 Industrial Inc W		
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes

Unit #	Name (Last, First, Middle)		Home Phone #	Date of Birth	Age	Sex
C 01	DAUBENMIRE KAYLEE		(937) 746-9324	10201994	15	F
Address (Street, City, State, Zip Code)				Injured Taken By	Transported By	Injured Taken To
408 FORREST AVE FRANKLIN OH 45005				1 None 4 Other		
				2 EMS 5 Unknown		
				3 Police		
Unit #	Name (Last, First, Middle)		Home Phone #	Date of Birth	Age	Sex
D 02	FOX MARTHA J			08131927	82	F
Address (Street, City, State, Zip Code)				Injured Taken By	Transported By	Injured Taken To
1735 E CENTRAL AVE MIAMISBURG OH 45342				2	JEMS	Southview Hospital
				1 None 4 Other		
				2 EMS 5 Unknown		
				3 Police		

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

Motorist / Non-Motorist
Motorist / Non-Motorist
Occupant

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 	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 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>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 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	First Harmful Event <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p> Most Harmful Event <p>Of the Sequence of Events - Which One is the Most 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>	Speed Detected <p>1 Stated 2 Estimated Speed</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>	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>
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>	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>	Alcohol Test Type <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p>	Alcohol Test Result 	Road Contour <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p>
			Speed 		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>					

Supplement * 'X' if Yes Local Report # *

Narrative

Unit#1 was leaving Walmart and was in the right turn lane and decided that they needed to go straight through the intersection. Unit #1 ran the Traffic light that was posted red at the intersection of Wells Bridge Dr and East Second St. and struck unit #2 Which was traveling East bound on Second St. in the side and pushed Unit #1 off the right side of the roadway.

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

01

- 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

- 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

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

Location Of Crash In

1

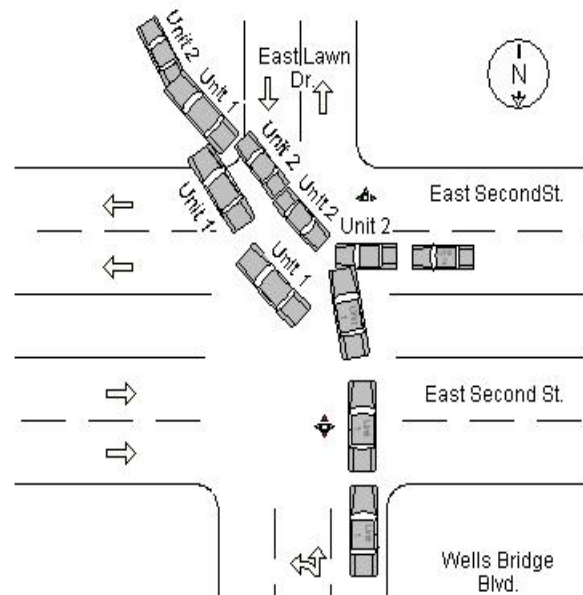
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

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.

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 #

1 2

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: 01232010 Time Rec Call: 1306 Dispatch: 1308 Arrived: 1310 Cleared: 1356 Other: 0 Total Minutes: 48

Officer's Name *

Back, Michael

Badge # *

1F35

Checked By

Warrington, Mark

Date Report Filed *

01232010

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 # *

10-028