

# OHIO TRAFFIC CRASH REPORT



Local Report # \*  
**10-035**

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

Private Property  
If Yes

Hit / Skip  
**1** 1 Not Hit / Skip  
2 Solved  
3 Unsolved

Photos Taken  
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 \*  
**01262010**

Time of Crash **1045** Day of Week **TUE** City \* **X** Village \* TWP \* Name (Of City, Village or Township) \* **Franklin** County # \* **83** Latitude Longitude

**CRASH OCCURRED ON**  
Prefix Crash Location **SR 73** Type Loc **3** Type Location Point Used  
1 Named Street 3 Numbered Route  
2 Numbered Street  
**LOCAL INFORMATION**  
**CONOVER DR**

**AT / REFERENCE**  
Dist Reference DR Prefix Reference  
**Wells Bridge Dr.** Ref Point **02** Reference Point Used  
01 State Line 04 House Number 08 Place Name W/O Reference  
02 Intersection 2 Streets 06 Mile Post 09 Driveway  
03 County Line 07 Corporation Limit 10 Street or Route W/O Reference

**A** Unit # **01** # of Occ. **01** Name (Last, First, Middle)  
**THOMASON ARTHUR C JR**  
Address (Street, City, State, Zip Code)  
**83 JANET AVE CARLISLE OH 45005**

Social Security Number Date of Birth Age Sex Home Phone # Work Phone #  
**09011923 86 M (937) 746-2385**

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 RP173529 OH EUQ6716**

Owner Name (if same, write "SAME") Address (Street, City, State, Zip Code)  
**THOMASON ARTHUR C JR 83 JANET AVE CARLISLE OH 45005**

Year Make Model Color Insurance Company Towing Service Owner Phone #  
**1996 DODG INT WHT NATIONWIDE (937) 746-2385**

Offense Charged Offense Description Citation # Local Code? 'X' if Yes  
**313.01 Traffic Control Devices 51721 X**

**B** Unit # **02** # of Occ. **01** Name (Last, First, Middle)  
**BELL ROBERT THOMAS**  
Address (Street, City, State, Zip Code)  
**661 EASTER DR CARLISLE OH 45005**

Social Security Number Date of Birth Age Sex Home Phone # Work Phone #  
**08081962 47 M (513) 743-9686**

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 RS414132 KY 9MY700**

Owner Name (if same, write "SAME") Address (Street, City, State, Zip Code)  
**ART'S RENTAL 215 E SIXTH ST Newport KY 41071**

Year Make Model Color Insurance Company Towing Service Owner Phone #  
**2000 FREI CLASS OHIO CASUALTY (937) 746-8855**

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 4 Other 2 EMS 5 Unknown 3 Police 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 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured Taken To

Motorist / Non-Motorist

Occupant

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

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

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

**1** Injuries  
1 No Injury  
2 Possible  
**1** 3 Non-Incapacitating  
4 Incapacitating  
5 Fatal Injury  
6 Unknown

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| <b>Unit Numbers</b><br>   | <b>Damage Area</b><br>  | <b>Pre-Crash Actions</b><br>  | <b>Sequence Of Events</b><br>   | <b>Posted Speed</b><br>  | <b>Drug Test Status</b><br>   |
| <b>Non-Motorist Location</b><br><p>01 Marked Crosswalk At Intersection<br/> 02 Intersection/ No Crosswalk<br/> 03 Non-Intersection Crosswalk<br/> 04 Driveway Access Crosswalk<br/> 05 In Roadway<br/> 06 Not In Roadway<br/> 07 Median (But Not Shoulder)<br/> 08 Island<br/> 09 Shoulder<br/> 10 Sidewalk<br/> 11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)<br/> 12 Beyond 10 Feet Of Roadway (Within Trafficway)<br/> 13 Outside Trafficway<br/> 14 Shared Use Paths Or Trails<br/> 15 Unknown</p>  | <b>Most Damaged Area</b><br><p>01 None<br/> 02 Center Front<br/> 03 Right Front<br/> 04 Right Side<br/> 05 Right Rear<br/> 06 Rear Center<br/> 07 Left Rear<br/> 08 Left Side<br/> 09 Left Front<br/> 10 Top And Windows<br/> 11 Undercarriage<br/> 12 Load / Trailer<br/> 13 Total (All Areas)<br/> 14 Other<br/> 15 Unknown</p> | <b>Motorist</b><br>01 Movements Essentially Straight Ahead<br>02 Backing<br>03 Changing Lanes<br>04 Overtaking/Passing<br>05 Turning Right<br>06 Turning Left<br>07 Making U-Turn<br>08 Entering Traffic Lane<br>09 Leaving Traffic Lane<br>10 Parked<br>11 Slowing/Stopped In Traffic<br>12 Driverless<br>13 Other<br>14 Unknown<br><b>Non-Motorist</b><br>15 Entering/Crossing In Specified Location<br>16 Walking, Running, Jogging, Playing, Cycling<br>17 Working<br>18 Pushing Vehicle<br>19 Approaching/Leaving Vehicle<br>20 Playing/Working On Vehicle<br>21 Standing<br>22 Other<br>23 Unknown  | <b>Non-Collision</b><br>01 Overtum/Rollover<br>02 Fire/Explosion<br>03 Immersion<br>04 Jackknife<br>05 Cargo/Equipment Loss/Shift<br>06 Equipment Failure<br>07 Separation Of Units<br>08 Ran Off Road Right<br>09 Ran Off Road Left<br>10 Cross Median/Centerline<br>11 Downhill Runaway<br>12 Other Non-Collision<br>13 Unknown Non-Collision<br><b>Collision w/ Person, Vehicle, Or Object Not Fixed</b><br>14 Pedestrian<br>15 Pedalcycle<br>16 Railway Vehicle<br>17 Animal - Farm<br>18 Animal - Deer<br>19 Animal - Other<br>20 Motor Vehicle In Transport<br>21 Parked Motor Vehicle<br>22 Work Zone Maintenance Equipment<br>23 Other Movable Object<br>24 Unknown Movable Object<br><b>Collision with Fixed Object</b><br>25 Impact Attenuator/Crash Cushion<br>26 Bridge Overhead Structure<br>27 Bridge Pier Or Abutment<br>28 Bridge Parapet<br>29 Bridge Rail<br>30 Guardrail Face<br>31 Guardrail End<br>32 Median Barrier<br>33 Highway Traffic Sign Post<br>34 Overhead Sign Post<br>35 Light/Luminaries Support<br>36 Utility Pole<br>37 Other Post, Pole Or Support<br>38 Culvert<br>39 Curb<br>40 Ditch<br>41 Embankment<br>42 Fence<br>43 Mailbox<br>44 Tree<br>45 Other Fixed Object<br>46 Work Zone Maintenance Equipment<br>47 Unknown Fixed Object<br>48 Other<br>49 Unknown | <b>Traffic Control</b><br><p>01 No controls<br/> 02 Stop Sign<br/> 03 Yield Sign<br/> 04 Traffic Signal<br/> 05 Traffic Flashers<br/> 06 School Zone<br/> 07 Railroad Crossbucks<br/> 08 Railroad Flashers<br/> 09 Railroad Gates<br/> 10 Construction Barricade<br/> 11 Police Officer<br/> 12 Pavement Markings<br/> 13 Crosswalk Lines<br/> 14 Walk/Don't Walk Signal<br/> 15 Traffic Control Device Inoperative, Missing, Obscured<br/> 16 Other</p> | <b>Drug Test Type</b><br><p>1 None<br/> 2 Test Refused<br/> 3 Test Given, Contaminated Sample/Unusable<br/> 4 Test Given, Results Known<br/> 5 Test Given, Results Unknown<br/> 6 Unknown</p> <b>Drug Test 1&amp;2 Result</b><br><p>1 None<br/> 2 Marijuana<br/> 3 Cocaine<br/> 4 Opiates<br/> 5 Amphetamines<br/> 6 PCP<br/> 7 Other<br/> 8 Unknown at Time Of Reporting</p> |
| <b>Type Of Unit</b><br><p><b>Motorist</b><br/> 01 Sub-Compact<br/> 02 Compact<br/> 03 Mid Size<br/> 04 Full Size<br/> 05 Minivan<br/> 06 Sport Utility Vehicle<br/> 07 Pickup<br/> 08 Panel/Van<br/> 09 Single Unit Truck; 2 Axles, 6 Tires<br/> 10 Single Unit Truck; 3+ Axles<br/> 11 Truck/Trailer<br/> 12 Truck Tractor (Bobtail)<br/> 13 Tractor/Semi-Trailer<br/> 14 Tractor/Double Short<br/> 15 Tractor/Double Long<br/> 16 Fifth Wheel Or Converter Dolly<br/> 17 Tractor/Triples<br/> 18 Motorcycle<br/> 19 Motorized Bicycle<br/> 20 School Bus<br/> 21 Church Bus<br/> 22 Public Bus<br/> 23 Other Bus<br/> 24 Police Vehicle<br/> 25 Fire Truck<br/> 26 Ambulance/Rescue<br/> 27 Taxi<br/> 28 Motor Home<br/> 29 Train<br/> 30 Farm Vehicle<br/> 31 Farm Equipment<br/> 32 Snowmobile<br/> 33 Construction Equipment<br/> 34 All Others<br/> <b>Non-Motorist</b><br/> 35 Animal W/Rider<br/> 36 Animal W/Buggy<br/> 37 Bicycle<br/> 38 Pedestrian<br/> 39 Pedalcyclist<br/> 40 Skater<br/> 41 Other-Non Motorist<br/> 42 Unknown</p> | <b>Point Of Impact</b><br><p>01 None<br/> 02 Center Front<br/> 03 Right Front<br/> 04 Right Side<br/> 05 Right Rear<br/> 06 Rear Center<br/> 07 Left Rear<br/> 08 Left Side<br/> 09 Left Front<br/> 10 Top And Windows<br/> 11 Undercarriage<br/> 12 Load/Trailer<br/> 13 Total (All Areas)<br/> 14 Other<br/> 15 Unknown</p>     | <b>Contributing Circumstances</b><br><p><b>Motorist</b><br/> 01 None<br/> 02 Failure To Yield<br/> 03 Ran Red Light, Or Stop Sign<br/> 04 Exceeded Speed Limit<br/> 05 Unsafe Speed<br/> 06 Improper Turn<br/> 07 Left of Center<br/> 08 Followed Too Closely/ACDA<br/> 09 Improper Lane Change/<br/> Drove Off Road/<br/> Improper Passing<br/> 10 Improper Backing<br/> 11 Improper Start From Parked Position<br/> 12 Stopped or Parked Illegally<br/> 13 Operating Vehicle In Erratic, Reckless, Careless, Negligent or Aggressive Manner<br/> 14 Swerving to Avoid (Due to Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)<br/> 15 Failure To Control<br/> 16 Vision Obstruction<br/> 17 Driver Inattention<br/> 18 Fatigue/Asleep<br/> 19 Operating Defective Equipment<br/> 20 Load Shifting/Falling/Spilling<br/> 21 Other Improper Action<br/> 22 Unknown<br/> <b>Non-Motorist</b><br/> 23 None<br/> 24 Improper Crossing<br/> 25 Darting<br/> 26 Lying And/Or Illegally In Roadway<br/> 27 Failure To Yield Right Of Way<br/> 28 Not Visible (Dark Clothing)<br/> 29 Inattentive<br/> 30 Failure to Obey Traffic Signs, Signals, Or Officer<br/> 31 Wrong Side Of The Road<br/> 32 Other<br/> 33 Unknown</p> | <b>First Harmful Event</b><br><p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>   | <b>Direction</b><br>From To From To<br><p>1 North<br/> 2 South<br/> 3 East<br/> 4 West<br/> 5 Northeast<br/> 6 Northwest<br/> 7 Southeast<br/> 8 Southwest<br/> 9 Unknown</p>  | <b>Type of Intersection</b><br><p>01 Not An Intersection<br/> 02 Four-Way Intersection<br/> 03 T-Intersection<br/> 04 Y-Intersection<br/> 05 Traffic Circle/Roundabout<br/> 06 Five-Point, Or More<br/> 07 On Ramp<br/> 08 Off Ramp<br/> 09 Crossover<br/> 10 Driveway/Access<br/> 11 Railway Grade Crossing<br/> 12 Shared-Use Paths Or Trails<br/> 13 Unknown</p>           |
| <b>In Emergency Response</b><br><p>1 No<br/> 2 Yes<br/> 3 Unknown</p>   | <b>Action</b><br><p>1 Non-Contact<br/> 2 Non-Collision<br/> 3 Striking<br/> 4 Struck<br/> 5 Both Striking And Struck<br/> 6 Unknown</p>   | <b>Vehicle Defect Code Only If '19' Selected Above</b><br><p>01 Turn Signals<br/> 02 Head Lamps<br/> 03 Tail Lamps<br/> 04 Brakes<br/> 05 Steering<br/> 06 Tire Blowout<br/> 07 Worn Or Slick Tires<br/> 08 Trailer Equipment Defective<br/> 09 Motor Trouble<br/> 10 Disabled From Prior Crash<br/> 11 Other Defects</p>   | <b>Most Harmful Event</b><br><p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>   | <b>Condition</b><br><p>1 Apparently Normal<br/> 2 Physical Impairment<br/> 3 Emotional<br/> 4 Illness<br/> 5 Fell Asleep, Fainted, Fatigued, Etc.<br/> 6 Under The Influence Of Medications/Drugs/Alcohol<br/> 7 Other<br/> 8 Unknown</p>  | <b>Occurrence</b><br><p>1 On Roadway<br/> 2 On Shoulder<br/> 3 In Median<br/> 4 On Roadside<br/> 5 On Gore<br/> 6 Outside Trafficway<br/> 7 Unknown</p>   |
| <b>Damage Scale</b><br><p>1 None<br/> 2 Non-Functional Damage<br/> 3 Functional Damage<br/> 4 Disabling Damage<br/> 5 Severe<br/> 6 Unknown</p>   | <b>Striking Vehicle: Override/ Underride</b><br><p>1 No Underride Or Override<br/> 2 Underride, Compartment Intrusion<br/> 3 Underride, No Compartment Intrusion<br/> 4 Underride, Compartment Intrusion Unknown<br/> 5 Override, Motor Vehicle In Transport<br/> 6 Override , Other Vehicle<br/> 7 Unknown</p>                   |   | <b>Speed Detected</b><br><p>1 Stated<br/> 2 Estimated Speed</p>   | <b>Alcohol/Drug Suspected</b><br><p>1 None<br/> 2 Yes-Alcohol Suspected<br/> 3 Yes-HBD Not Impaired<br/> 4 Yes-Drugs Suspected<br/> 5 Yes-Alcohol / Drugs Suspected<br/> 6 Unknown</p>   | <b>Road Contour</b><br><p>1 Straight Level<br/> 2 Straight Grade<br/> 3 Curve Level<br/> 4 Curve Grade</p>  |
|   |   |   | <b>Speed</b><br>  | <b>Alcohol Test Status</b><br><p>1 None<br/> 2 Test Refused<br/> 3 Test Given, Contaminated Sample/Unusable<br/> 4 Test Given, Results Known<br/> 5 Test Given, Results Unknown<br/> 6 Unknown</p>   | <b>Road Conditions</b><br>Primary Secondary<br><p>01 Dry<br/> 02 Wet<br/> 03 Snow<br/> 04 Ice<br/> 05 Sand, Mud, Dirt, Oil, Gravel<br/> 06 Water (Standing, Moving)<br/> 07 Slush<br/> 08 Debris**<br/> 09 Rut, Holes, Bumps, Uneven Pavement **<br/> 10 Other<br/> 11 Unknown<br/> ** Secondary Road Conditions ONLY</p>   |
| <p style="text-align: center;">Top Copy - ODPS Bottom Copy - Agency</p>   | <b>Supplement * 'X' if Yes</b>  |   | <b>Local Report # *</b><br>   |  |   |

# Narrative

Unit 1 was on Well's Bridge Dr. at SR 73 stopped for the light. Unit 1 began a right turn on red, and struck the trailer of unit 2. Unit 1 advised that Unit 2 changed lanes into the right lane as he was beginning his turn on red. Unit 2 advised that he has toturn left from Conover Dr. onto SR 73 immediately into the right lane because of the length of his tractor and trailer, and did not change lanes.

## 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

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: 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

[ ]

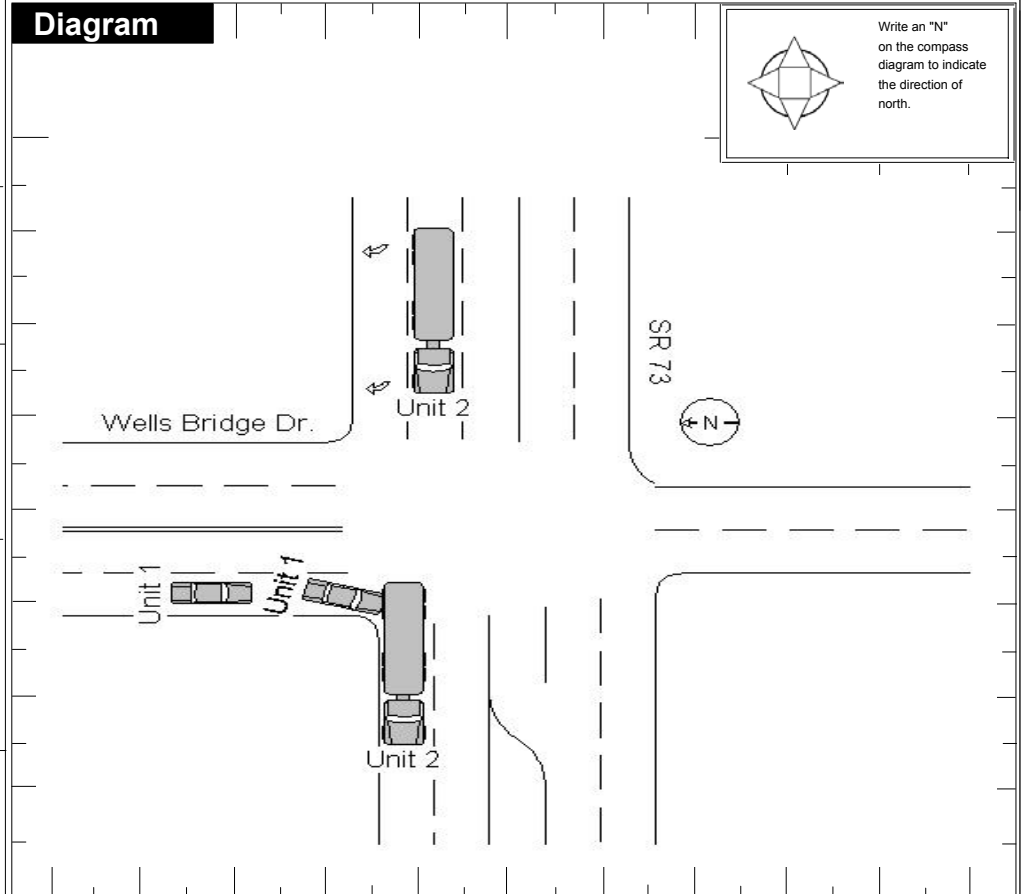
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## 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**  
 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: 01262010 Time Rec Call: 1045 Dispatch: 1046 Arrived: 1053 Cleared: 1121 Other: 40 Total Minutes: 75

Officer's Name \*

Massey, Gerald

Badge # \*

1F14

Checked By

Warrington, Mark

Date Report Filed \*

01262010

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 # \*

10-035