

OHIO

TRAFFIC CRASH REPORT

Local Report # \*

10-032

Crash Severity

3 1 Fatal 3 PDO 2 Injury 4 Unknown

Private Property 'X' If Yes

Hit / Skip

3 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 \*

01262010

Time of Crash

0621

Day of Week

TUE

City \*

X

Village \*

TWP \*

Name (Of City, Village or Township) \*

Franklin

County # \*

83

Latitude

Longitude

CRASH OCCURRED ON

S MAIN ST

Type Loc

1

Type Location Point Used

1 Named Street 3 Numbered Route 2 Numbered Street

LOCAL INFORMATION

AT / REFERENCE

Dist Reference DR Prefix Reference 32

Ref Point

04

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)

UNKNOWN

Address (Street, City, State, Zip Code)

Social Security Number

Date of Birth

Age

Sex

M

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 #

CHEV

BLAZE

BLK

Unknown

Unknown

Offense Charged

Offense Description

Citation #

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)

Home Phone #

Date of Birth

Age

Sex

C

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)

Home Phone #

Date of Birth

Age

Sex

D

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 A

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

B

04 Second - Left ( MC Pass) 05 Second - Middle 06 Second - Right

C

07 Third - Left 08 Third - Middle 09 Third - Right

D

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

A

Safety Equipment Motorist 01 None Used 02 Shoulder Belt Only 03 Lap Belt Only

B

04 Shoulder /Lap Belt 05 Child Safety Seat 06 MC Helmet Used

C

07 Use Unknown Non-Motorist 08 Non Used 09 Helmet Used

D

10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown

A

Air Bag 1 Not Deployed 2 Deployed-Front 3 Deployed-Side

B

4 Deployed Both Front/Side 5 Not Applicable 6 Unknown

C

D

A

Air Bag Switch 1 Not Present 2 In On Position 3 In Off Position

B

4 Unknown

C

D

A

Ejection 1 Not Ejected 2 Totally Ejected 3 Partially Ejected

B

4 Not Applicable 5 Unknown

C

D

A

Trapped 1 Not Trapped 2 Extricated By Mechanical Means

B

3 Freed BY Non-Mechanical Means 4 Unknown

C

D

A

Injuries 1 No Injury 2 Possible 3 Non-Incapacitating

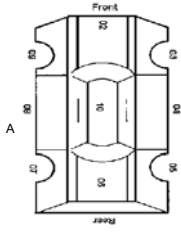
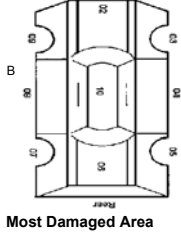
B

4 Incapacitating 5 Fatal Injury 6 Unknown

C

D

Supplement \* 'X' if Yes

<b>Unit Numbers</b> <input type="text" value="01"/> <input type="text"/> <input type="text"/>	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> <input type="text" value="01"/> <input type="text"/> <input type="text"/>	<b>Sequence Of Events</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="48"/></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="48"/>	<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"/>	<b>Posted Speed</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Drug Test Status</b> <input type="text"/> <input type="text"/>
A	B																
<input type="text" value="48"/>	<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"/>																
<b>Non-Motorist Location</b> <input type="text"/> <input type="text"/> <input type="text"/> <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>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> <input type="text" value="12"/> <input type="text"/> <input type="text"/> <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> <input type="text"/> <input type="text"/> <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> <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> <p>1 None  2 Marijuana  3 Cocaine  4 Opiates  5 Amphetamines  6 PCP  7 Other  8 Unknown at Time Of Reporting</p>	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"/>																
<b>Type Of Unit</b> <input type="text" value="06"/> <input type="text"/> <input type="text"/> <p>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</p>	<input type="text" value="15"/> <input type="text"/> <input type="text"/> <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> <input type="text" value="15"/> <input type="text"/> <input type="text"/> <p>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</p>	<b>Condition</b> <input type="text"/> <input type="text"/> <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>Direction</b> <table border="1"> <tr> <td>From</td> <td>To</td> <td>From</td> <td>To</td> </tr> <tr> <td><input type="text" value="21"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p>	From	To	From	To	<input type="text" value="21"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Type of Intersection</b> <input type="text" value="01"/> <input type="text"/> <input type="text"/> <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>				
From	To	From	To														
<input type="text" value="21"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
<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>Point Of Impact</b> <input type="text" value="15"/> <input type="text"/> <input type="text"/> <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> <input type="text"/> <input type="text"/> <input type="text"/> <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>First Harmful Event</b> <input type="text" value="1"/> <input type="text"/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	<b>Alcohol/Drug Suspected</b> <input type="text"/> <input type="text"/> <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>Occurrence</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/> <p>1 On Roadway  2 On Shoulder  3 In Median  4 On Roadside  5 On Gore  6 Outside Trafficway  7 Unknown</p>												
<b>In Emergency Response</b> <input type="text"/> <input type="text"/> <p>1 No  2 Yes  3 Unknown</p>	<b>Action</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</p>		<b>Most Harmful Event</b> <input type="text" value="1"/> <input type="text"/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Alcohol Test Status</b> <input type="text"/> <input type="text"/> <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>Road Contour</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p>												
<b>Damage Scale</b> <input type="text" value="6"/> <input type="text"/> <input type="text"/> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<b>Striking Vehicle: Override/ Underride</b> <input type="text"/> <input type="text"/> <input type="text"/> <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>Speed Detected</b> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 Stated  2 Estimated Speed</p>	<b>Alcohol Test Type</b> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p>	<b>Road Conditions</b> <table border="1"> <tr> <td>Primary</td> <td>Secondary</td> </tr> <tr> <td><input type="text" value="03"/></td> <td><input type="text"/></td> </tr> </table> <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>	Primary	Secondary	<input type="text" value="03"/>	<input type="text"/>								
Primary	Secondary																
<input type="text" value="03"/>	<input type="text"/>																
				<b>Supplement * 'X' if Yes</b> <input type="text"/>													
				<b>Local Report # *</b> <input type="text" value="10-032"/>													

# Narrative

Unit one was north bound on S. Main. Unit one struck the north west corner of the house at 32 S. Main, then fled.

## Manner Of Collision or Impact

1

- 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

## 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

## Weather

06

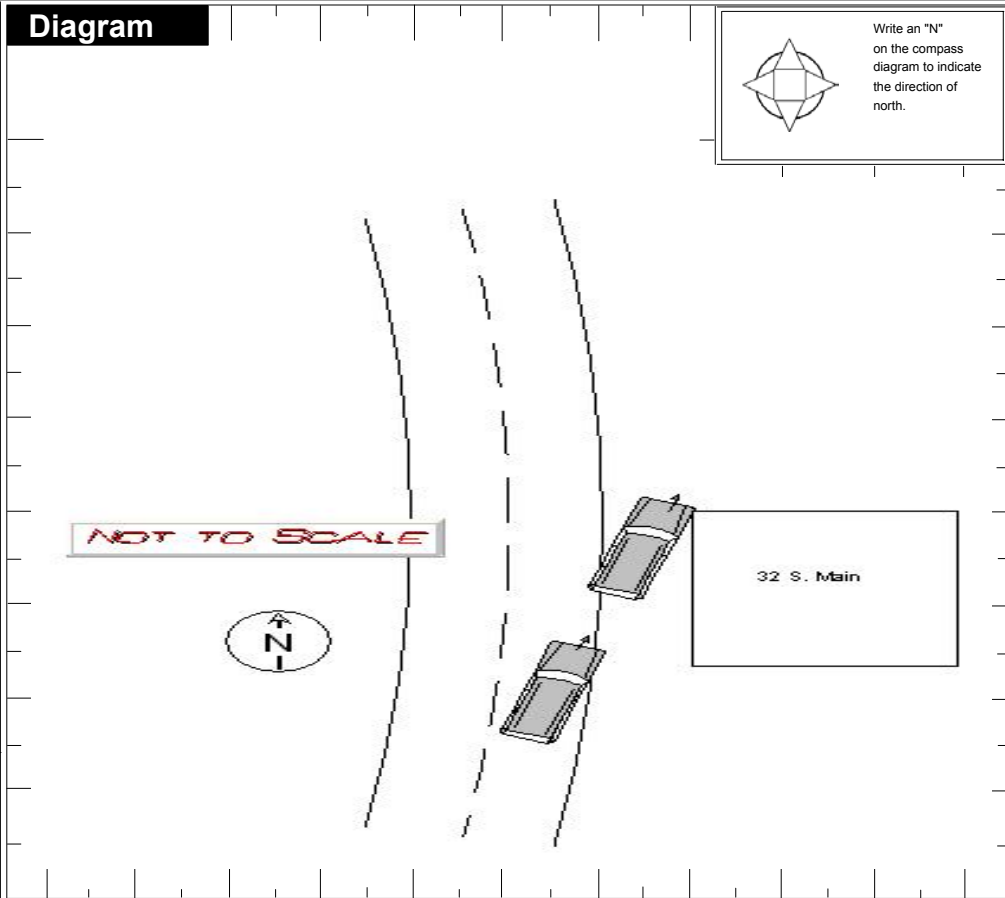
- 01 Clear
- 02 Cloudy
- 03 Fog, Smog, Smoke
- 04 Rain
- 05 Sleet, Hail (Freezing Rain Drizzle)
- 06 Snow
- 07 Severe Crosswinds
- 08 Blowing Sand, Soil, Dirt, Snow
- 09 Other
- 10 Unknown

## Light Conditions

Primary: 4 Secondary: 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

## 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 #

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: 01262010 Time Rec. Call: 0621 Dispatch: 0623 Arrived: 0628 Cleared: 0631 Other: 20 Total Minutes: 28

Officer's Name: Diekman, Edward Badge #: 1F43 Checked By: Warrington, Mark Date Report Filed: 01262010

Report Taken By: 1 (Police Agency) Report Taken At: 1 (Scene) Supplement: X (if Yes) Local Report #: 10-032