

OHIO

TRAFFIC CRASH REPORT

Local Report # *

10-074

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 *

03012010

Time of Crash

1256

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

OXFORD

Type Loc

RD

Type Location Point Used

1 Named Street 3 Numbered Route 2 Numbered Street

LOCAL INFORMATION

AT / REFERENCE

Dist Reference DR Prefix Reference

Norfolk & Southern Railroad Bridge

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 02

Name (Last, First, Middle)

MONTGOMERY LARRY

Address (Street, City, State, Zip Code)

3011 OGDEN DR

MIDDLETOWN OH 45044

Social Security Number

Date of Birth

11281962

Age

47

Sex

M

Home Phone #

(513) 292-8192

Work Phone #

DL State DL #

OH RM123698

LP State LP #

OH PFW4970

Injured Taken By

1 None 4 Other 2 EMS 5 Unknown 3 Police

Transported By

Injured Taken To

Owner Name (if same, write "SAME")

PENSKE TRUCK LEASING CO LP

Address (Street, City, State, Zip Code)

2528 COMMODITY CIR

cincinnati OH 45241

Year Make Model Color Insurance Company Towing Service Owner Phone #

2008 INTL DURAS YEL

AIG Insurance

Sandy's Towing (D)

(800) 526-0798

Offense Charged

313.01

Offense Description

Traffic Control Devices

Citation #

53439

Local Code? 'X' If Yes

X

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 #

C 01

Name (Last, First, Middle)

PESCE RYAN JAMES

Home Phone #

(513) 435-1093

Date of Birth

Age

Sex

M

Address (Street, City, State, Zip Code)

298 COURTLAND DR MONROE OH 45050

Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police

Transported By

Injured Taken To

Unit #

D

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

01

Seating Position

- 01 Front - Left (MC Driver) 02 Front - Middle 03 Front - Right 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 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 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 4 Not Applicable 5 Unknown

1

Trapped

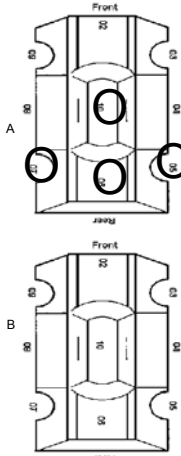
- 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown

1

Injuries

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

Supplement * 'X' if Yes

Unit Numbers <input type="text" value="01"/> <input type="text"/> <input type="text"/>	Damage Area 	Pre-Crash Actions <input type="text" value="01"/> <input type="text"/> <input type="text"/>	Sequence Of Events <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="26"/></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="26"/>	<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"/>	Posted Speed <input type="text" value="35"/> <input type="text"/> <input type="text"/>	Drug Test Status <input type="text" value="1"/> <input type="text"/>
A	B																
<input type="text" value="26"/>	<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"/>																
Non-Motorist Location <input type="text"/> <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>	Most Damaged Area <input type="text" value="06"/> <input type="text"/> <input type="text"/>	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 <input type="text" value="15"/> <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>	Drug Test Type <input type="text" value="1"/> <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> Drug Test 1&2 Result <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"/>																
Type Of Unit <input type="text" value="09"/> <input type="text"/> <input type="text"/> <p>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>	Point Of Impact <input type="text" value="06"/> <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>	Contributing Circumstances <input type="text" value="21"/> <input type="text"/> <input type="text"/> <p>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</p>	First Harmful Event <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Direction From To From To <input type="text" value="12"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p>	Type of Intersection <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>												
In Emergency Response <input type="text"/> <input type="text"/> <input type="text"/> <p>1 No 2 Yes 3 Unknown</p>	Action <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>	Vehicle Defect Code Only If '19' Selected Above <input type="text"/> <input type="text"/> <input type="text"/> <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>	Most Harmful Event <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Condition <input type="text" value="1"/> <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>	Alcohol/Drug Suspected <input type="text" value="1"/> <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>												
Damage Scale <input type="text" value="3"/> <input type="text"/> <input type="text"/> <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	Striking Vehicle: Override/ Underride <input type="text" value="1"/> <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>		Speed Detected <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>1 Stated 2 Estimated Speed</p>	Alcohol Test Status <input type="text" value="1"/> <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>	Road Contour <input type="text" value="2"/> <input type="text"/> <input type="text"/> <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p>												
			Speed <input type="text" value="35"/> <input type="text"/> <input type="text"/>	Alcohol Test Type <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p>	Road Conditions Primary <input type="text" value="01"/> <input type="text"/> <input type="text"/> Secondary <input type="text"/> <input type="text"/> <input type="text"/> <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>												
				Alcohol Test Result <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Supplement * <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Local Report # * <input type="text" value="10-074"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												

Narrative

Unit 1 was driving southbound on Oxford Rd. just south of the entrance to Atlas Roofing, 675 Oxford Rd, when he attempted to go underneath of the Norfolk & Southern railroad bridge at which time the box of his truck, which was 13' 6" tall, struck the railroad bridge, which is 11' 6" tall. The bridge height is posted on the face of the bridge and upon the approach to it as well.

Manner Of Collision or Impact

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 No
 2 Yes, Directly Involved
 3 Yes, Indirectly Involved
 4 Unknown

Work Zone Related

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

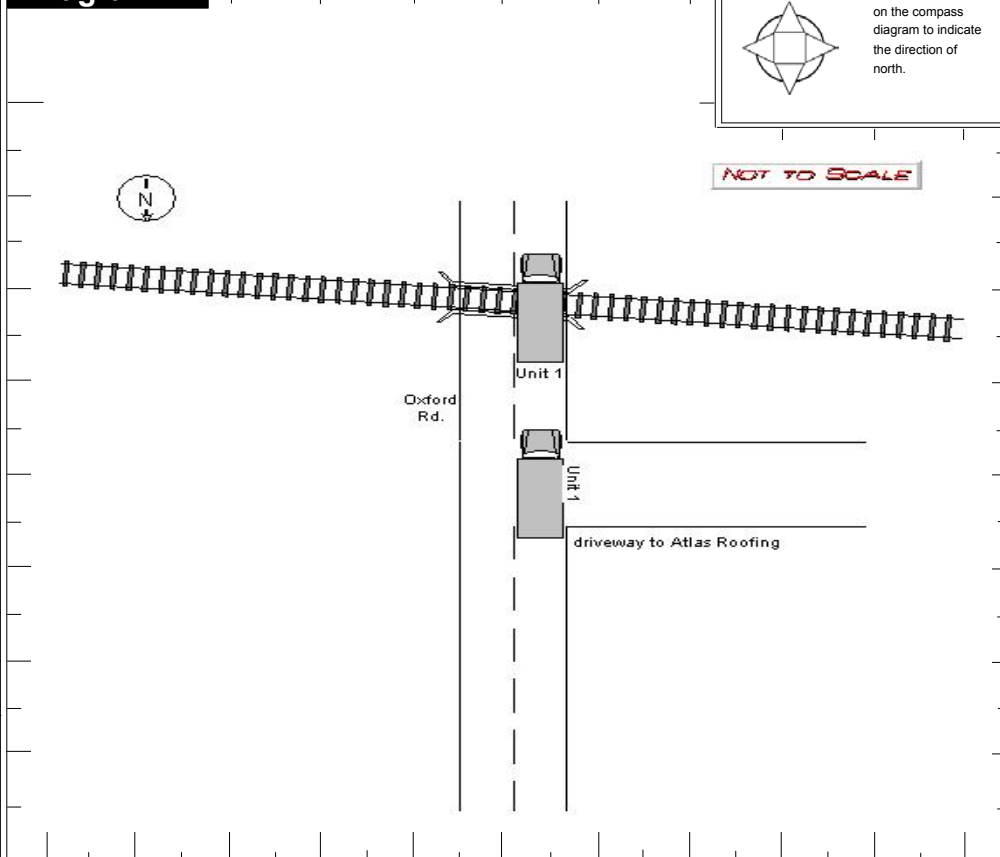
Weather

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 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

Diagram



Truck/Bus

Unit #

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.
 Company (From Shipping Papers)
 Address (Street, City, St, Zip Code)

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.
 Company Phone

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: **03012010** Time Rec Call: **1256** Dispatch: **1259** Arrived: **1301** Cleared: **1408** Other: **0** Total Minutes: **69**

Officer's Name: **Brumfield, William** Badge #: **1F31** Checked By: **Warrington, Mark** Date Report Filed: **03012010**

Report Taken By: 1 Police Agency 2 Motorist
 Report Taken At: 1 Scene 2 Station 3 Other
 Supplement: 'X' if Yes
 Local Report #: **10-074**