

OHIO

TRAFFIC CRASH REPORT

Local Report # *

10-075

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

02

Unit Error

01 98 = Animal 99 = Unknown

Date of Crash *

03022010

Time of Crash

1526

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

S MAIN

Type Loc

ST

Type Location Point Used

1 Named Street 3 Numbered Route 2 Numbered Street

LOCAL INFORMATION

FOURTH STREET

AT / REFERENCE

Dist Reference

50'

DR

N

Prefix

E

Fourth Street

Ref Point

02

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 #

A 01 01

of Occ.

Name (Last, First, Middle)

NEVIL FARIS V

Address (Street, City, State, Zip Code)

815 PEARL ST MIAMISBURG OH 45342

Social Security Number

Date of Birth

12201922

Age

87

Sex

M

Home Phone #

(937) 866-6789

Work Phone #

DL State

DL #

LP State

OH

LP #

AJ57EM

Injured Taken By

1 None 2 EMS 3 Police

4 Other 5 Unknown

Transported By

Injured Taken To

Owner Name (if same, write "SAME")

NEVIL FARIS V

Address (Street, City, State, Zip Code)

815 PEARL ST MIAMISBURG OH 45342

Year

1998

Make

BUIC

Model

PARK

Color

TAN

Insurance Company

Nationwide Ins Co

Towing Service

Owner Phone #

(937) 866-6789

Offense Charged

Offense Description

Citation #

Local Code? 'X' If Yes

Unit #

B 02 01

of Occ.

Name (Last, First, Middle)

HAMED MOHAMMED J

Address (Street, City, State, Zip Code)

1342 S ELM ST WEST CORROLLTON OH 45449

Social Security Number

Date of Birth

04211982

Age

27

Sex

M

Home Phone #

(937) 859-4076

Work Phone #

DL State

DL #

LP State

OH

LP #

ERC6113

Injured Taken By

1 None 2 EMS 3 Police

4 Other 5 Unknown

Transported By

Injured Taken To

Owner Name (if same, write "SAME")

ODEH ISBRANSA

Address (Street, City, State, Zip Code)

1342 S ELM ST WEST CORROLLTON OH 45449

Year

2000

Make

TOYT

Model

4RUN

Color

GRN

Insurance Company

Progressive Ins Co

Towing Service

Owner Phone #

Offense Charged

Offense Description

Citation #

Local Code? 'X' If Yes

Unit #

C

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

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 2 EMS 3 Police

Transported By

Injured Taken To

Motorist / Non-Motorist

Occupant

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

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

Air Bag: 1 Not Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown

Air Bag Switch: 1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

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

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

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

Supplement * 'X' if Yes

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status 								
Non-Motorist Location <ul style="list-style-type: none"> 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 	Most Damaged Area 	Motorist <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 	Drug Test Type <ul style="list-style-type: none"> 1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown Drug Test 1&2 Result <ul style="list-style-type: none"> 1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting 								
Type Of Unit 		Contributing Circumstances 	Motorist <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 	Direction <table border="1"> <tr> <td>From</td> <td>To</td> <td>From</td> <td>To</td> </tr> <tr> <td>1</td> <td>2</td> <td>2</td> <td>1</td> </tr> </table> <ul style="list-style-type: none"> 1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown 	From	To	From	To	1	2	2	1	Type of Intersection <ul style="list-style-type: none"> 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
From	To	From	To										
1	2	2	1										
Motorist <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 35 Animal W/Rider 36 Animal W/Buggy 37 Bicycle 38 Pedestrian 39 Pedalcyclist 40 Skater 41 Other-Non Motorist 42 Unknown 	Point Of Impact 	Vehicle Defect Code Only If '19' Selected Above <ul style="list-style-type: none"> 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 	First Harmful Event <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Condition <ul style="list-style-type: none"> 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 	Occurrence <ul style="list-style-type: none"> 1 On Roadway 2 On Shoulder 3 In Median 4 On Roadside 5 On Gore 6 Outside Trafficway 7 Unknown 								
In Emergency Response <ul style="list-style-type: none"> 1 No 2 Yes 3 Unknown 	Action <ul style="list-style-type: none"> 1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown 	Striking Vehicle: Override/ Underride <ul style="list-style-type: none"> 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 	Most Harmful Event <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Alcohol/Drug Suspected <ul style="list-style-type: none"> 1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown 	Road Contour <ul style="list-style-type: none"> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade 								
Damage Scale <ul style="list-style-type: none"> 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown 	Striking Vehicle: Override/ Underride <ul style="list-style-type: none"> 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 	Vehicle Defect Code Only If '19' Selected Above <ul style="list-style-type: none"> 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 	Speed Detected <ul style="list-style-type: none"> 1 Stated 2 Estimated Speed 	Alcohol Test Status <ul style="list-style-type: none"> 1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown 	Road Conditions <table border="1"> <tr> <td>Primary</td> <td>Secondary</td> </tr> <tr> <td>01</td> <td></td> </tr> </table> <ul style="list-style-type: none"> 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 <p>** Secondary Road Conditions ONLY</p>	Primary	Secondary	01					
Primary	Secondary												
01													
			Speed 	Alcohol Test Type <ul style="list-style-type: none"> 1 None 2 Blood 3 Urine 4 Breath 5 Other 	Alcohol Test Result 								
				Alcohol Test Result 	Supplement * 'X' if Yes 								

Narrative

Driver of Unit #1 backed into Unit #2. Both vehicles were parked legally on the east side of S. Main St. about 50 ft. north of E. Fourth St. The driver of Unit #1 was not cited for this accident.

Manner Of Collision or Impact

5

- 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

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

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**

- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Dark - Lighted Roadway
- 5 Dark - Not Lighted
- 6 Dark - Unknown Lighting
- 7 Glare
- 8 Other
- 9 Unknown

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 | 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
03022010	1526	1527	1529	1543	35	51

Officer's Name *	Badge # *	Checked By	Date Report Filed *
Wolf, Troy	1F22	Warrington, Mark	03022010

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	10-075