

OHIO

TRAFFIC CRASH REPORT

Local Report # *

10-079

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 *

03082010

Time of Crash

1505

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

S RIVER

Type Loc

1

Type Location Point Used

1 Named Street 3 Numbered Route 2 Numbered Street

LOCAL INFORMATION

AV

AT / REFERENCE

Dist Reference

DR

Prefix

Reference

Farm

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 #

of Occ.

A 01 01

Name (Last, First, Middle)

BONDURANT MARK A

Address (Street, City, State, Zip Code)

2370 CARA DR

TROY OH 45373

Social Security Number

Date of Birth

Age

Sex

Home Phone #

Work Phone #

01181962

48

M

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 RG654617

OH

TMN4441

Owner Name (if same, write "SAME")

Address (Street, City, State, Zip Code)

MORAINЕ MATERIALS

1400 COMMERCE CENTER DR

FRANKLIN OH 45005

Year

Make

Model

Color

Insurance Company

Towing Service

Owner Phone #

1996

HEIL

TRAIL

WHT

Brower Inc 937-228-4135

(513) 743-0650

Offense Charged

Offense Description

Citation #

Local Code? 'X' If Yes

B

Unit #

of Occ.

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

C

Unit #

of Occ.

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 #

of Occ.

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

Seating Position 01 01 A 02 01 B 03 01 C 04 01 D 05 01 A 06 01 B 07 01 C 08 01 D 09 01 A 10 01 B 11 01 C 12 01 D 13 01 A 14 01 B 15 01 C 16 01 D 17 01 A

Safety Equipment Motorist 04 04 A 02 04 B 03 04 C 04 04 D 05 04 A 06 04 B 07 04 C 08 04 D 09 04 A 10 04 B 11 04 C 12 04 D 13 04 A 14 04 B

Air Bag 1 01 A 2 01 B 3 01 C 4 01 D 5 01 A 6 01 B 7 01 C 8 01 D 9 01 A 10 01 B 11 01 C 12 01 D 13 01 A 14 01 B

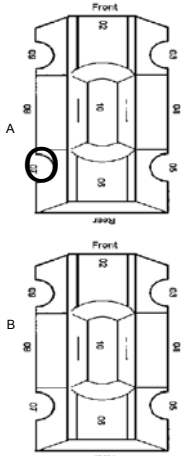
Air Bag Switch 1 01 A 2 01 B 3 01 C 4 01 D 5 01 A 6 01 B 7 01 C 8 01 D 9 01 A 10 01 B 11 01 C 12 01 D 13 01 A 14 01 B

Ejection 1 01 A 2 01 B 3 01 C 4 01 D 5 01 A 6 01 B 7 01 C 8 01 D 9 01 A 10 01 B 11 01 C 12 01 D 13 01 A 14 01 B

Trapped 1 01 A 2 01 B 3 01 C 4 01 D 5 01 A 6 01 B 7 01 C 8 01 D 9 01 A 10 01 B 11 01 C 12 01 D 13 01 A 14 01 B

Injuries 1 01 A 2 01 B 3 01 C 4 01 D 5 01 A 6 01 B 7 01 C 8 01 D 9 01 A 10 01 B 11 01 C 12 01 D 13 01 A 14 01 B

Supplement * 'X' if Yes

<p>Unit Numbers</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<p>Damage Area</p>  <p>Most Damaged Area</p>	<p>Pre-Crash Actions</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <p>Motorist</p> <ol 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 <p>Non-Motorist</p> <ol 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 	<p>Sequence Of Events</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">31</div> </td> <td style="width: 50%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> </td> </tr> <tr> <td style="border-right: 1px solid black;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> </td> <td> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> </td> </tr> <tr> <td style="border-right: 1px solid black;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> </td> <td> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> </td> </tr> <tr> <td style="border-right: 1px solid black;"> <div style="border: 1px solid black; padding: 2px; 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padding: 2px; display: inline-block;">31</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<p>Posted Speed</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">25</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<p>Drug Test Status</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol 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 <p>Drug Test Type</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 None 2 Blood 3 Urine 4 Other 	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">31</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>													
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<p>Non-Motorist Location</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol 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 	<p>Type Of Unit</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">13</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <p>Motorist</p> <ol 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 <p>Non-Motorist</p> <ol 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 	<p>Contributing Circumstances</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">15</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <p>Motorist</p> <ol 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 <p>Non-Motorist</p> <ol 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 	<p>Direction</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">From</td> <td style="width: 25%;">To</td> <td style="width: 25%;">From</td> <td style="width: 25%;">To</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; display: inline-block;">24</td> <td style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></td> </tr> </table> <ol 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	24				<p>Drug Test 1&2 Result</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; 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From	To	From	To											
24														
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<p>Action</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown 	<p>Point Of Impact</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">07</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 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>Vehicle Defect Code Only If '19' Selected Above</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol 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 	<p>Condition</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol 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 	<p>Drug Test 1&2 Result</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> </td> <td style="width: 50%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> </td> </tr> </table> <ol style="list-style-type: none"> 1 Not An Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle/Roundabout 6 Five-Point, Or More 7 On Ramp 8 Off Ramp 9 Crossover 10 Driveway/Access 11 Railway Grade Crossing 12 Shared-Use Paths Or Trails 13 Unknown 	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>								
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<p>In Emergency Response</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 No 2 Yes 3 Unknown 	<p>Striking Vehicle: Override/ Underride</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol 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 	<p>First Harmful Event</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	<p>Alcohol/Drug Suspected</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol 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 	<p>Alcohol Test Status</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol 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 										
<p>Damage Scale</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown 	<p>Road Contour</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade 	<p>Most Harmful Event</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<p>Alcohol Test Type</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 None 4 Breath 2 Blood 5 Other 3 Urine 	<p>Road Conditions</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;"> Primary <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> </td> <td style="width: 50%;"> Secondary <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> </td> </tr> </table> <ol 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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div>	Secondary <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>								
Primary <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div>	Secondary <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>													
<p>Speed Detected</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <ol style="list-style-type: none"> 1 Stated 2 Estimated Speed 	<p>Alcohol Test Result</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<p>Speed</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<p>Supplement * 'X' if Yes</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>	<p>Local Report # *</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div>										

Narrative

Unit # 1 was trying to turn left from south bound River St onto north bound Main St when the trailer ran over the guard rail and street sign.

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 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

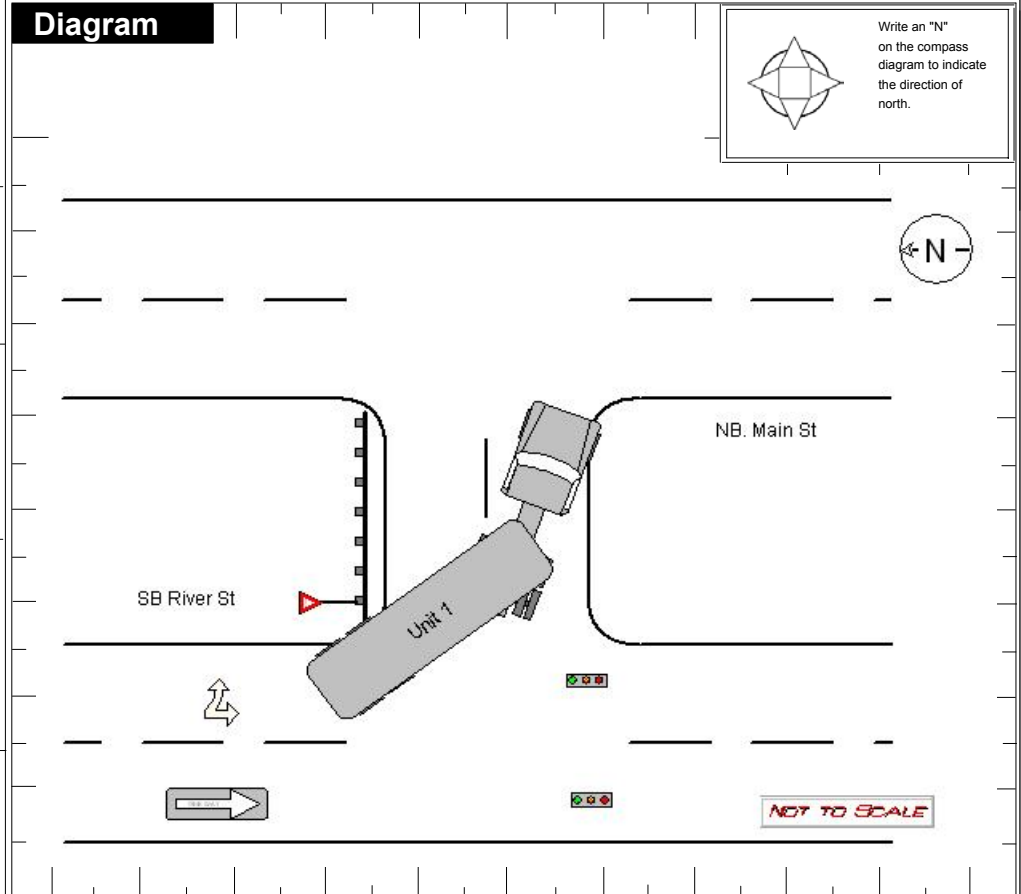
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

Diagram



Truck/Bus

Unit #

01

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.

AND

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 (From Shipping Papers)

Moraine Materials

Address (Street, City, St, Zip Code)

1400 Commerce Center DR

Franklin OH 45005

Company Phone

US DOT: 604564 | ICC MC: | PUCO: | Trailer LP St.: OH | Trailer LP Year: 1996 | Trailer LP #: | Placard #: | # Dia.: |

Cargo Body Type

12

- 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)

3

- 1 Less/Equal 10,000
- 2 10,001 - 26,000
- 3 More Than 26,000

CDL Class

1

- 1 Class A
- 2 Class B
- 3 Class C
- 4 Class M
- 5 Class D

Hazardous Materials Placard

3

- 1 No
- 2 Yes
- 3 Unknown

Hazardous Material Released

1

- 1 No
- 2 Yes
- 3 Not Applicable
- 4 Unknown

Police Action

Date Crash Reported: 03082010 | Time Rec Call: 1505 | Dispatch: 1505 | Arrived: 1505 | Cleared: 1520 | Other: 60 | Total Minutes: 75

Officer's Name *

SHANNON, DENNIS

Badge # *

1F45

Checked By

Warrington, Mark

Date Report Filed *

03082010

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 # *

10-079