

# OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
11-257		3 1 Fatal 3 PDO 2 Injury 4 Unknown		X If Yes		1 1 Not Hit / Skip 2 Solved 3 Unsolved		X If Yes									
N.C.I.C. # *		Reporting Agency *		# Units		Unit Error		Date of Crash *									
08301		Franklin Police Department		02		01 98 = Animal 99 = Unknown		08072011									
Time of Crash		Day of Week		City *		Village *		TWP *		Name ( Of City, Village or Township ) *		County # *		Latitude		Longitude	
1750		SUN		X						franklin		83					

<b>CRASH OCCURRED ON</b>				<b>Type Location Point Used</b>				<b>LOCAL INFORMATION</b>			
Prefix Crash Location				Type Loc				1 Named Street 3 Numbered Route			
E 2ND ST				2				2 Numbered Street			
<b>AT / REFERENCE</b>				<b>Reference Point Used</b>				04 House Number 08 Place Name W/O Reference			
Dist Reference DR Prefix Reference				Ref Point				01 State Line 05 Township Boundary 09 Driveway			
S River St				02				02 Intersection 2 Streets 06 Mile Post 10 Street or Route W/O Reference			
				03 County Line 07 Corporation Limit							

Unit #		# of Occ.		Name (Last, First, Middle)	
A 01 01				WILLIAMS JENNIFER L	
Address (Street, City, State, Zip Code)					
7162 PINWOOD DR FRANKLIN OH 45005					

Social Security Number		Date of Birth		Age		Sex		Home Phone #		Work Phone #			
		06121975		36		F							
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 RN100625		OH DMT4038											
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)									
WILLIAMS JENNIFER L				7162 PINWOOD DR FRANKLIN OH 45005									
Year		Make		Model		Color		Insurance Company		Towing Service		Owner Phone #	
2005		CHEV				BLK		GEICO					
Offense Charged		Offense Description				Citation #		Local Code? 'X' if Yes					
333.03A		Assured Clear Distance Ahead				01632		X					

Motorist / Non-Motorist

Unit #		# of Occ.		Name (Last, First, Middle)	
B 02 01				GORDON JACQUELINE	
Address (Street, City, State, Zip Code)					
940 CAROLYN CT CARLISLE OH 45005					

Social Security Number		Date of Birth		Age		Sex		Home Phone #		Work Phone #			
		12111939		71		F							
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 RG530010		OH AF28YV		1									
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)									
GORDON JACQUELINE				940 CAROLYN CT CARLISLE OH 45005									
Year		Make		Model		Color		Insurance Company		Towing Service		Owner Phone #	
2004		HOND		CRV		BEI		ERIE INS					
Offense Charged		Offense Description				Citation #		Local Code? 'X' if Yes					

Occupant

Unit #		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex	
C											
Address (Street, City, State, Zip Code)				Injured Taken By		Transported By		Injured Taken To			
				1 None 4 Other 2 EMS 5 Unknown 3 Police							
Unit #		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex	
D											
Address (Street, City, State, Zip Code)				Injured Taken By		Transported By		Injured Taken To			
				1 None 4 Other 2 EMS 5 Unknown 3 Police							

<b>01</b> Seating Position		<b>04</b> Safety Equipment Motorist		<b>1</b> Air Bag		<b>1</b> Air Bag Switch		<b>1</b> Ejection		<b>1</b> Trapped		<b>1</b> Injuries	
01 Front - Left ( MC Driver)		01 None Used		1 Not Deployed		1 Not Present		1 Not Ejected		1 Not Trapped		1 No Injury	
02 Front - Middle		02 Shoulder Belt Only		2 Deployed-Front		2 In On Position		2 Totally Ejected		2 Extricated By Mechanical Means		2 Possible	
03 Front - Right		03 Lap Belt Only		3 Deployed-Side		3 In Off Position		3 Partially Ejected		3 Freed BY Non-Mechanical Means		3 Non-Incapacitating	
04 Second - Left ( MC Pass)		04 Shoulder /Lap Belt		4 Deployed Both Front/Side		4 Unknown		4 Not Applicable		4 Unknown		4 Incapacitating	
05 Second - Middle		05 Child Safety Seat		5 Not Applicable				5 Unknown				5 Fatal Injury	
06 Second - Right		06 MC Helmet Used		6 Unknown								6 Unknown	
07 Third - Left		07 Use Unknown											
08 Third - Middle		08 Non Used											
09 Third - Right		09 Helmet Used											
10 Sleeper Section Of Cab		10 Protective Pads											
11 Enclosed Cargo Area		11 Reflective Clothing											
12 Unenclosed Cargo Area		12 Lighting											
13 Trailing Unit		13 Other											
14 Exterior		14 Unknown											
15 Other													
16 Non-Motorist													
17 Unknown													
												Supplement * 'X' if Yes	

<b>Unit Numbers</b> 	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> 	<b>Sequence Of Events</b> 	<b>Posted Speed</b> 	<b>Drug Test Status</b> 
<b>Non-Motorist Location</b> <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>Most Damaged Area</b> <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>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 Overturn/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> <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> <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>Type Of Unit</b> <p><b>Motorist</b>  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  <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</p>	<b>Point Of Impact</b> <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> <p><b>Motorist</b>  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>Direction</b> From To From To <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p>	<b>Condition</b> <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>Drug Test 1&amp;2 Result</b> <p>1 None  2 Marijuana  3 Cocaine  4 Opiates  5 Amphetamines  6 PCP  7 Other  8 Unknown at Time Of Reporting</p>
<b>In Emergency Response</b> <p>1 No  2 Yes  3 Unknown</p>	<b>Action</b> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</p>	<b>Vehicle Defect Code Only If '19' Selected Above</b> <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> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	<b>Alcohol/Drug Suspected</b> <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> <p>1 On Roadway  2 On Shoulder  3 In Median  4 On Roadside  5 On Gore  6 Outside Trafficway  7 Unknown</p>
<b>Damage Scale</b> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<b>Striking Vehicle: Override/ Underride</b> <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> <p>1 Stated  2 Estimated Speed</p>	<b>Most Harmful Event</b> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Alcohol Test Status</b> <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> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p>
<b>Road Conditions</b> Primary Secondary <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>					
Supplement * 'X' if Yes Local Report #* 					

# Narrative

On 08/07/11 I responded to a rear end collision on 2nd St at S. River St. Upon arrival I made contact with unit 1 and instructed her to pull off the roadway. I then made contact with unit 2 and instructed the same. I got unit 2 information, and released her. I then got unit 1 information and issued citation for ACDA. and released her.

## Manner Of Collision or Impact

**2**

- 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

**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 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

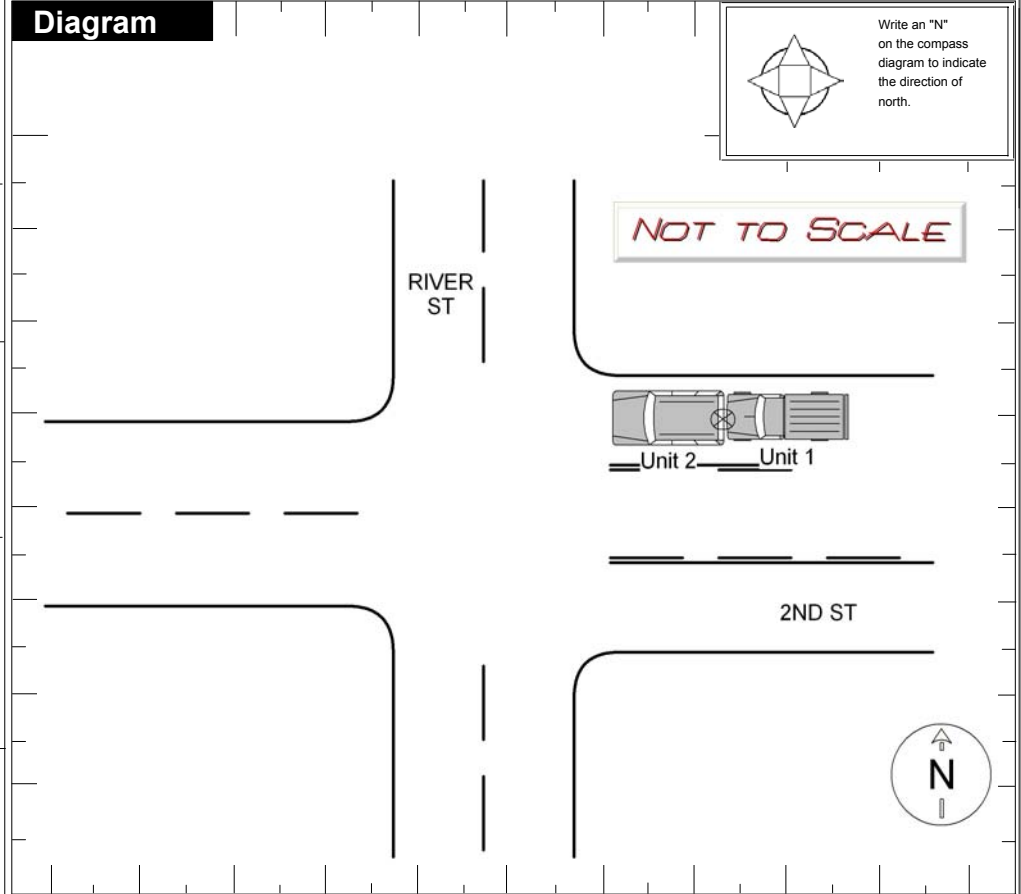
## Location Of Crash In

- 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



## 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.
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## 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	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
08072011	1750	1751	1754	1819	0	28
Officer's Name *	Badge # *	Checked By	Date Report Filed *			
STEWART, RYAN	F-74	Diekman, Edward	08072011			
Report Taken By	Report Taken At	Supplement *	Local Report # *			
<b>1</b> 1 Police Agency 2 Motorist	<b>1</b> 1 Scene 2 Station 3 Other	X if Yes	11-257			