

OHIO TRAFFIC CRASH REPORT

Local Report # * 11-264		Crash Severity 3 1 Fatal 3 PDO 2 Injury 4 Unknown		Private Property If Yes <input type="checkbox"/>	Hit / Skip 1 1 Not Hit / Skip 2 Solved 3 Unsolved	Photos Taken If Yes <input type="checkbox"/>	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 * 08122011				
Time of Crash 1639	Day of Week FRI	City * X	Village * <input type="checkbox"/>	TWP * <input type="checkbox"/>	Name (Of City, Village or Township) * Franklin		County # * 83	Latitude	Longitude	

CRASH OCCURRED ON			Type Location Point Used			LOCAL INFORMATION		
Prefix S	Crash Location RILEY BLVD		Type Loc 1	1 Named Street 3 Numbered Route 2 Numbered Street				
AT / REFERENCE			Reference Point Used			04 House Number 08 Place Name W/O Reference		
Dist Reference	DR	Prefix	Reference	Ref Point	01 State Line 05 Township Boundary 09 Driveway		02 Intersection 2 Streets 06 Mile Post 10 Street or Route W/O Reference	
			SR 73	04				

A	Unit # 01	# of Occ. 01	Name (Last, First, Middle) SCOTT JUSTIN C	
Address (Street, City, State, Zip Code) 215 LOCUST ST FRANKLIN OH 45005				
Social Security Number		Date of Birth 04011999	Age 12	Sex
Home Phone # (937) 251-1782		Work Phone #		
DL State	DL #	LP State	LP #	Injured Taken By
				1 None 4 Other 2 EMS 5 Unknown 3 Police
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)		
Year	Make BICYC	Model	Color GRY	Insurance Company
Offense Charged		Offense Description		Citation #
				Local Code? <input type="checkbox"/> 'X' If Yes

Motorist / Non-Motorist

B	Unit # 02	# of Occ. 01	Name (Last, First, Middle) SHANK VICKI H	
Address (Street, City, State, Zip Code) 131 MIAMI AVE Franklin OH 45005-0000				
Social Security Number		Date of Birth 05051963	Age 48	Sex F
Home Phone # (937) 657-2947		Work Phone #		
DL State	DL #	LP State	LP #	Injured Taken By
OH	RJ454210	OH	DVG3248	1 None 4 Other 2 EMS 5 Unknown 3 Police
Owner Name (if same, write "SAME") SHANK VICKI H		Address (Street, City, State, Zip Code) 131 MIAMI AVE Franklin OH 45005-0000		
Year	Make CHEV	Model SUBN	Color WHT	Insurance Company Allstate 800-285-7828
Offense Charged		Offense Description		Citation #
				Local Code? <input type="checkbox"/> 'X' If Yes

Occupant

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

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

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location <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 	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 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 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 <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 <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>
Type Of Unit <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>	<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 <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>	Direction From To <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p>	Condition <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>	Drug Test 1&2 Result <p>1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting</p>
In Emergency Response <p>1 No 2 Yes 3 Unknown</p>	Point Of Impact <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>	Vehicle Defect Code Only If '19' Selected Above <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>	First Harmful Event <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Alcohol/Drug Suspected <p>1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown</p>	Type Of Intersection <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>
Damage Scale <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	Action <p>1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown</p>	Striking Vehicle: Override/ Underride <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>	Most Harmful Event <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Alcohol Test Status <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 <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p>
Damage Scale <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	Striking Vehicle: Override/ Underride <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>	Vehicle Defect Code Only If '19' Selected Above <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>	Speed Detected <p>1 Stated 2 Estimated Speed</p>	Alcohol Test Type <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p>	Road Conditions 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>
Top Copy - ODPS Bottom Copy - Agency		Supplement * 'X' if Yes Local Report #* 			

Narrative

Unit # 2 was pulling from the parking lot of Speedway Gas on to north bound Riley Blvd. As Unit # 2 pulled from the parking lot, Unit # 1 came out of the parking lot of Zink's Meat Market and began to cross the street.

Unit # 1 was a bicyclist that was not at cross walk, he was trying to cross the street in heavy traffic. Unit # 1 or Unit # 2 was not damaged, the rider of Unit # 1 was not injured.

Manner Of Collision or Impact <div style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center; margin-bottom: 5px;">3</div> <ul style="list-style-type: none"> 1 Not Collision Between 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 <div style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center; margin-bottom: 5px;">1</div> <ul style="list-style-type: none"> 1 No 2 Yes, Directly Involved 3 Yes, Indirectly Involved 4 Unknown 	Work Zone Related <div style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center; margin-bottom: 5px;">1</div> <ul style="list-style-type: none"> 1 No 2 Yes 3 Unknown 	Type of Work Zone <div style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center; margin-bottom: 5px;">1</div> <ul style="list-style-type: none"> 1 Lane Closure 2 Lane Shift/Crossover 3 Work On Shoulder Or Median 4 Intermittent/Moving Work 5 Other 	Location Of Crash In <div style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center; margin-bottom: 5px;">1</div> <ul style="list-style-type: none"> 1 Before First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 	Workers Present <div style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center; margin-bottom: 5px;">1</div> <ul style="list-style-type: none"> 1 No 2 Yes 3 Unknown 	<div style="background-color: black; color: white; padding: 5px; font-weight: bold;">Diagram</div> <div style="text-align: right; border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Write an "N" on the compass diagram to indicate the direction of north.</p> </div> <p style="text-align: center; color: red; font-weight: bold;">NOT TO SCALE</p>			
Weather <div style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center; margin-bottom: 5px;">01</div> <ul style="list-style-type: none"> 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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%; text-align: center;">Primary</td> <td style="border-bottom: 1px solid black; width: 50%; text-align: center;">Secondary</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center;">1</td> <td style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center;">1</td> </tr> </table> <ul style="list-style-type: none"> 1 Daylight 2 Dawn 3 Dusk 4 Dark - Lighted Roadway 5 Dark - Not Lighted 6 Dark - Unknown Lighting 7 Glare 8 Other 9 Unknown 	Primary	Secondary	1	1					
Primary	Secondary								
1	1								

Truck/Bus <div style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center; margin-bottom: 5px;">Unit #</div> <div style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center; margin-bottom: 5px;">1</div>	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.
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.
1	1	1	1	1	1	1	1
Cargo Body Type <div style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center; margin-bottom: 5px;">1</div>	<ul style="list-style-type: none"> 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) <div style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center; margin-bottom: 5px;">1</div> <ul style="list-style-type: none"> 1 Less/Equal 10,000 2 10,001 - 26,000 3 More Than 26,000 	CDL Class <div style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center; margin-bottom: 5px;">1</div> <ul style="list-style-type: none"> 1 Class A 2 Class B 3 Class C 4 Class M 5 Class D 	Hazardous Materials Placard <div style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center; margin-bottom: 5px;">1</div> <ul style="list-style-type: none"> 1 No 2 Yes 3 Unknown 	Hazardous Material Released <div style="border: 1px solid black; padding: 2px; font-size: 24px; text-align: center; margin-bottom: 5px;">1</div> <ul style="list-style-type: none"> 1 No 2 Yes 3 Not Applicable 4 Unknown 		

Police Action

Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
08122011	1639	1642	1642	1659	20	37
Officer's Name *	Badge # *	Checked By	Date Report Filed *			
SHANNON, DENNIS	1F45	Diekman, Edward	08122011			
Report Taken By	Report Taken At	Supplement *	Local Report # *			
1	1	1	11-264			