

OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
11-276		2 1 Fatal 3 PDO 2 Injury 4 Unknown		X If Yes		2 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		01		01 98 = Animal 99 = Unknown		08212011									
Time of Crash		Day of Week		City *		Village *		TWP *		Name (Of City, Village or Township) *		County # *		Latitude		Longitude	
1954		SUN		X						Franklin		83					

CRASH OCCURRED ON			Type Location Point Used			LOCAL INFORMATION		
Prefix Crash Location			Type Loc			1 Named Street 3 Numbered Route 2 Numbered Street		
E Second ST			1					
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		
Millard			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				ROSENCRANCE ALEX	
Address (Street, City, State, Zip Code)					
815 FORREST AVE FRANKLIN OH 45005					
Social Security Number		Date of Birth		Age	
		05131996		15	
DL State DL #		LP State LP #		Sex	
OH		DME4629		F	
Injured Taken By		1 None 4 Other		Home Phone #	
1		3 Police 5 Unknown		(937) 296-6203	
Transported By		Injured Taken To		Work Phone #	
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)		
MONTGOMERY ELISHA			60 BEAM DR FRANKLIN OH 45005		
Year		Make		Model	
1998		PONT		BON	
Color		Insurance Company		Towing Service	
SIL		No Insurance			
Owner Phone #		(937) 474-4067			
Offense Charged		Offense Description		Citation #	
Local Code? 'X' If Yes					

Motorist / Non-Motorist

Unit #		# of Occ.		Name (Last, First, Middle)	
B					
Address (Street, City, State, Zip Code)					
Social Security Number		Date of Birth		Age	
DL State DL #		LP State LP #		Sex	
Injured Taken By		1 None 4 Other		Home Phone #	
		3 Police 5 Unknown			
Transported By		Injured Taken To		Work Phone #	
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					

Occupant

Unit #		Name (Last, First, Middle)		Home Phone #	
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					
Date of Birth		Age		Sex	
Unit #		Name (Last, First, Middle)		Home Phone #	
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					

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

Narrative

On August 21, 2011, I responded to 908 Park Ave reference 2 juveniles stating they were hit by a car. Upon my arrival I made contact with the 2 juveniles who stated they were struck at the intersection of Millard and E. Second Street. Both juveniles filled out statements, and information was obtained at the scene for a report.

I was able to locate the driver of the vehicle, female driver was able to provide a statement and further information for the report.

Manner Of Collision or Impact <input checked="" type="checkbox"/> 1 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 <input checked="" type="checkbox"/> 1 1 No 2 Yes, Directly Involved 3 Yes, Indirectly Involved 4 Unknown	Diagram 	Write an "N" on the compass diagram to indicate the direction of north.	
Weather <input checked="" type="checkbox"/> 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	Work Zone Related <input checked="" type="checkbox"/> 1 1 No 2 Yes 3 Unknown			
Light Conditions Primary <input checked="" type="checkbox"/> 1 Secondary <input type="checkbox"/> 1 Daylight 2 Dawn 3 Dusk 4 Dark - Lighted Roadway 5 Dark - Not Lighted 6 Dark - Unknown Lighting 7 Glare 8 Other 9 Unknown	Type of Work Zone <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work On Shoulder Or Median 4 Intermittent/Moving Work 5 Other			
Location Of Crash In <input type="checkbox"/> 1 Before First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area	Workers Present <input type="checkbox"/> 1 No 2 Yes 3 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 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)	CDL Class	Hazardous Materials Placard	Hazardous Material Released
				1 Less/Equal 10,000 2 10,001 - 26,000 3 More Than 26,000	1 Class A 2 Class B 3 Class C 4 Class M 5 Class D	1 No 2 Yes 3 Unknown	1 No 2 Yes 3 Not Applicable 4 Unknown

Police Action						
Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
08212011	1954	1956	2005	2036	20	60
Officer's Name *	Badge # *	Checked By	Date Report Filed *			
HOLLAND, PATRICK	76	Smith, Terry	08212011			
Report Taken By	Report Taken At	Supplement *	Local Report # *			
<input checked="" type="checkbox"/> 1 Police Agency <input type="checkbox"/> 2 Motorist	<input checked="" type="checkbox"/> 3 1 Scene 2 Station 3 Other	<input type="checkbox"/> X if Yes	11-276			