

OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
11-277		3 1 Fatal 3 PDO 2 Injury 4 Unknown		X If Yes		3 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		08212011									
Time of Crash		Day of Week		City *		Village *		TWP *		Name (Of City, Village or Township) *		County # *		Latitude		Longitude	
1700		SUN		X						Franklin		83					

CRASH OCCURRED ON			Type Location Point Used			LOCAL INFORMATION											
Prefix Crash Location			Type Loc			1 Named Street 3 Numbered Route											
St. Rt. 123			3			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		
INTERSTATE 75 SB OFF RAMP						02			02 Intersection 2 Streets			06 Mile Post			10 Street or Route W/O Reference		
						03 County Line			07 Corporation Limit								

A		Unit #		# of Occ.		Name (Last, First, Middle)	
01		01		UNKNOWN			
Address (Street, City, State, Zip Code)							
UNKNOWN							
Social Security Number		Date of Birth		Age		Sex	
						M	
Home Phone #		Work Phone #					
DL State		DL #		LP State		LP #	
OH				OH			
Injured Taken By		1 None		4 Other		Transported By	
3 Police		2 EMS		5 Unknown		Injured Taken To	
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)			
UNKNOWN				MIDDLETOWN OH 45042			
Year		Make		Model		Color	
		BUIC		LES		BLK	
Insurance Company		Towing Service		Owner Phone #			
Miller Ins.				(513) 422-1084			
Offense Charged		Offense Description		Citation #		Local Code? 'X' If Yes	

B		Unit #		# of Occ.		Name (Last, First, Middle)	
02		01		PELTIER BARBARA J			
Address (Street, City, State, Zip Code)							
231 RACHEL LN MIDDLETOWN OH 45042							
Social Security Number		Date of Birth		Age		Sex	
08231941		69		F			
Home Phone #		Work Phone #					
(513) 422-1084							
DL State		DL #		LP State		LP #	
OH		RF532801		OH		CN68HS	
Injured Taken By		1 None		4 Other		Transported By	
3 Police		2 EMS		5 Unknown		Injured Taken To	
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)			
PELTIER BARBARA J				231 RACHEL LN MIDDLETOWN OH 45042			
Year		Make		Model		Color	
2000		BUIC		LES		SIL	
Insurance Company		Towing Service		Owner Phone #			
Miller Ins.				(513) 422-1084			
Offense Charged		Offense Description		Citation #		Local Code? 'X' If Yes	

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 Seating Position		07 Safety Equipment Motorist		6 Air Bag		4 Air Bag Switch		1 Ejection		1 Trapped		6 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	

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location 	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 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 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 	Drug Test Type
Type Of Unit 		Contributing Circumstances 	Condition 	Direction From To From To 	Drug Test 1&2 Result
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	Point Of Impact 	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	Alcohol/Drug Suspected 	Alcohol Test Status 	Type of Intersection
In Emergency Response 	Action 	Vehicle Defect Code Only If '19' Selected Above 	First Harmful Event 	Alcohol Test Type 	Road Contour
Damage Scale 	Striking Vehicle: Override/ Underride 	Speed Detected 	Most Harmful Event 	Alcohol Test Result 	Road Conditions Primary Secondary
Damage Scale 01 None 02 Non-Functional Damage 03 Functional Damage 04 Disabling Damage 05 Severe 06 Unknown	01 No Underride Or Override 02 Underride, Compartment Intrusion 03 Underride, No Compartment Intrusion 04 Underride, Compartment Intrusion Unknown 05 Underride, Motor Vehicle In Transport 06 Override , Other Vehicle 07 Unknown	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 	Alcohol Test Result 	01 None 02 Blood 03 Urine 04 Other ** Secondary Road Conditions ONLY
Top Copy - ODPS Bottom Copy - Agency		Supplement * 'X' if Yes Local Report # *			

Narrative

Both Unit #1 and Unit #2 were turning Soubound onto St. RT. 123 from Southbound I-75. Unit #1 was behind Unit #2 . Unit #1 Attempted to pass unit #2 on the Right side and struck Uni t#1 on the Front Right Side. Then Driver of Unit #1 failed to stop and left the scene. The Driver Of Unit #2 was only able to give a description of Unit #1 as a black SUV.

Manner Of Collision or Impact

7

- 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 2

- 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

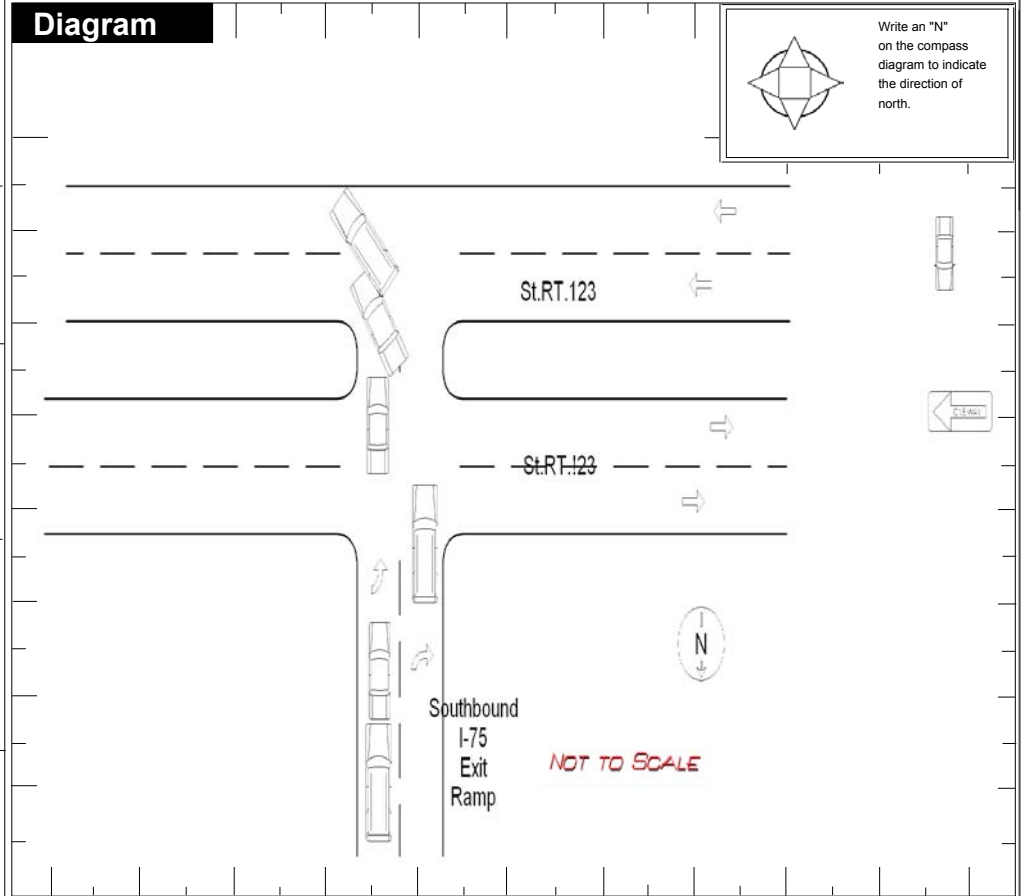
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

Diagram



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

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)

- 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: 08212011 Time Rec Call: 1413 Dispatch: 1413 Arrived: 1418 Cleared: 1433 Other: 45 Total Minutes: 65

Officer's Name: Back, Michael Badge #: 1F35 Checked By: Diekman, Edward Date Report Filed: 08232011

Report Taken By: 1 Police Agency Report Taken At: 1 Scene Supplement: X if Yes Local Report #: 11-277