

OHIO TRAFFIC CRASH REPORT

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|-----------------------------------|---------------------------|---|---------------|---------------------------------|--|------------------------------------|-------------------------|----------|-----------|-------|
| Local Report # * 11-280 | | Crash Severity 3 1 Fatal 3 PDO 2 Injury 4 Unknown | | Private Property X If Yes | Hit / Skip 1 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 02 | Unit Error 01 98 = Animal 99 = Unknown | Date of Crash * 08242011 | | | | |
| Time of Crash 1829 | Day of Week WED | City * X | Village * | TWP * | Name (Of City, Village or Township) * Franklin | | County # * 83 | Latitude | Longitude | |

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|--------------------------|----------------------------------|--------|---------------------------------|--|---|---|----------------------------------|--|
| CRASH OCCURRED ON | | | Type Location Point Used | | | LOCAL INFORMATION | | |
| Prefix N | Crash Location Main ST | | 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 | | 10 Street or Route W/O Reference | |
| | | | Kenneth Koons Blvd | 02 | 02 Intersection 2 Streets 06 Mile Post 07 Corporation Limit | | | |

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|--|--|--|---|---|
| A | Unit # 01 | # of Occ. 01 | Name (Last, First, Middle) VINSON JAMES E | |
| Address (Street, City, State, Zip Code) 6530 GLEN IVY DR HUBER HEIGHT OH 45424 | | | | |
| Social Security Number | | Date of Birth 11261966 | Age 44 | Sex M |
| DL State OH | DL # RS534457 | LP State OH | LP # PUQ2531 | Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police |
| Owner Name (if same, write "SAME") VORK MOTOR TRUCKING | | Address (Street, City, State, Zip Code) 711 BUSINESS PARK WAY CARLISLE OH 45005-0000 | | |
| Year 2000 | Make INTL | Model 2600 | Color GRN | Insurance Company Norman-Spencer 937-432- |
| Offense Charged 331.16 | Offense Description Failure To Yield-intersections | | Citation # 01682 | Local Code? 'X' if Yes X |

| | | | | |
|---|-------------------------|---|--|---|
| B | Unit # 02 | # of Occ. 01 | Name (Last, First, Middle) OSBORNE WILLIAM T | |
| Address (Street, City, State, Zip Code) 42 E BRYANT AVE FRANKLIN OH 45005 | | | | |
| Social Security Number | | Date of Birth 06201978 | Age 33 | Sex M |
| DL State OH | DL # RF505058 | LP State OH | LP # EW12LV | Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police |
| Owner Name (if same, write "SAME") OSBORNE WILLIAM T | | Address (Street, City, State, Zip Code) 42 E BRYANT AVE FRANKLIN OH 45005 | | |
| Year 2004 | Make DODG | Model INT | Color LBU | Insurance Company State Farm 513-424-1457 |
| Offense Charged | Offense Description | | Citation # | Local Code? 'X' if Yes |

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|--|--------|---|--|---------------------------------------|---|----------------|------------------|
| C | Unit # | Name (Last, First, Middle) JOHNSON KERMIT | | Home Phone # (937) 673-7760 | Date of Birth | Age | Sex M |
| Address (Street, City, State, Zip Code) 409 LINCOLN DR CARLISLE OH 45005 | | | | | Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police | Transported By | Injured Taken To |
| D | Unit # | 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 |

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|---|--|--|---|--|--|---|
| 01 A 01 Front - Left (MC Driver) 02 Front - Middle 03 Front - Right | 04 A 01 None Used 02 Shoulder Belt Only 03 Lap Belt Only | 5 A 1 Not Deployed 2 Deployed-Front 3 Deployed-Side | 1 A 1 Not Present 2 In On Position 3 In Off Position | 1 A 1 Not Ejected 2 Totally Ejected 3 Partially Ejected | 1 A 1 Not Trapped 2 Extricated By Mechanical Means | 1 A 1 No Injury 2 Possible |
| 01 B 04 Second - Left (MC Pass) 05 Second - Middle 06 Second - Right | 04 B 04 Shoulder /Lap Belt 05 Child Safety Seat 06 MC Helmet Used | 2 B 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown | 1 B 4 Unknown | 1 B 4 Not Applicable 5 Unknown | 1 B 3 Freed BY Non-Mechanical Means 4 Unknown | 1 B 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury |
| 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 12 Lighting | 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 12 Lighting | D 13 Other 14 Unknown | D | D | D | D |
| Supplement * 'X' if Yes | | | | | | |

Motorist / Non-Motorist

Occupant

| | | | | | |
|---|---|---|--|--|---|
| 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 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 | | Contributing Circumstances | Direction From To 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> |
| 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 <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> | 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 | 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> |
| In Emergency Response <p>1 No 2 Yes 3 Unknown</p> | Action <p>1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 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> | 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> | | 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> |
| | | | Speed | Alcohol Test Result | Local Report # * |

Narrative

Unit # 1 was traveling north bound on N. Main St approaching the intersection of Kenneth Koons Blvd. Unit # 1 was in the left hand lane of travel, the left hand lane is a left turn only. The driver of Unit # 1 stated he had the green light and observed Unit # 2 approaching from the north traveling south on N. Main. The driver of Unit # 1 stated Unit # 2 had its left turn signal on and he believed it was turning left on Old North Main St. The driver of Unit # 1 stated he began his turn when Unit # 2 continued south bound and struck his vehicle.

The driver of Unit # 2 stated he was traveling south bound on N. Main St approaching the intersection of Kenneth Koons Blvd in the left hand lane of travel. The driver of Unit # 2 stated he had the green light and Unit # 1 turned in front of him.

A witness to the crash stated he was sitting on Kenneth Koons Blvd east bound at the intersection of N. Main St in the right hand lane of travel. He stated his light was red and he was waiting for light to turn so he could turn right onto south bound N. Main St. The witness stated he observed Unit # 1 turn in front of Unit # 2.

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| Manner Of Collision or Impact <input checked="" type="checkbox"/> 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 | School Bus Related <input checked="" type="checkbox"/> 1 1 No 2 Yes, Directly Involved 3 Yes, Indirectly Involved 4 Unknown | Diagram |
| 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 checked="" type="checkbox"/> 1 1 No 2 Yes 3 Unknown | |

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|---|---|---|
| Truck/Bus Unit # <input type="text"/> Company (From Shipping Papers) <input type="text"/> Address (Street, City, St, Zip Code) <input type="text"/> | 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. |
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|---|---|--|---|--|----------------------|----------------------|----------------------|
| US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP # | Placard # | # Dia. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Cargo Body Type | Weight (GVWR) | CDL Class | Hazardous Materials Placard | Hazardous Material Released | | | |
| <input type="checkbox"/> 01 Not Applicable <input type="checkbox"/> 02 Bus (9-15) Including Driver <input type="checkbox"/> 03 Van/Enclosed Box <input type="checkbox"/> 04 Grain/Chips/Gravel <input type="checkbox"/> 05 Pole <input type="checkbox"/> 06 Cargo Tan <input type="checkbox"/> 07 Flatbed <input type="checkbox"/> 08 Dump <input type="checkbox"/> 09 Concrete Mixer <input type="checkbox"/> 10 Auto Transporter <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Other <input type="checkbox"/> 13 Unknown | <input type="checkbox"/> 1 Less/Equal 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 More Than 26,000 | <input type="checkbox"/> 1 Class A <input type="checkbox"/> 2 Class B <input type="checkbox"/> 3 Class C <input type="checkbox"/> 4 Class M <input type="checkbox"/> 5 Class D | <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Unknown | <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Not Applicable <input type="checkbox"/> 4 Unknown | | | |

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|--|---|-----------------------------------|---------------------|---------|-------|---------------|
| Police Action | | | | | | |
| Date Crash Reported | Time Rec Call | Dispatch | Arrived | Cleared | Other | Total Minutes |
| 08242011 | 0000 | 1829 | 1833 | 1925 | 30 | 86 |
| Officer's Name * | Badge # * | Checked By | Date Report Filed * | | | |
| SHANNON, DENNIS | 1F46 | Diekman, Edward | 08242011 | | | |
| 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"/> 1 Scene <input type="checkbox"/> 2 Station <input type="checkbox"/> 3 Other | <input type="checkbox"/> X if Yes | 11-280 | | | |