

OHIO TRAFFIC CRASH REPORT

Local Report # * 11-281		Crash Severity 2 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 03	Unit Error 01 98 = Animal 99 = Unknown	Date of Crash * 08252011				
Time of Crash 1605	Day of Week THU	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 E	Crash Location Second 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 100	DR E	Prefix E	Reference Millard Drive	Ref Point	01 State Line 05 Township Boundary 09 Driveway		02 Intersection 2 Streets 06 Mile Post 10 Street or Route W/O Reference	
			03 County Line 07 Corporation Limit					

A	Unit # 01	# of Occ. 01	Name (Last, First, Middle) BORS WILLIAM J	
Address (Street, City, State, Zip Code) 95 W CENTRAL AV SPRINGBORO OH 45066				
Social Security Number		Date of Birth 09221927	Age 83	Sex M
DL State OH	DL # RS414835	LP State OH	LP # CS51GC	Injured Taken By 1 1 None 4 Other 2 EMS 5 Unknown 3 Police
Owner Name (if same, write "SAME") BORS WILLIAM J		Address (Street, City, State, Zip Code) 95 W CENTRAL AV SPRINGBORO OH 45066		
Year 1990	Make CHEV	Model 1500	Color BLU	Insurance Company Ohio Insurance 83000655
Offense Charged 333.03A		Offense Description Assured Clear Distance Ahead		Citation # 01374
Local Code? <input checked="" type="checkbox"/> 'X' If Yes				

Motorist / Non-Motorist

B	Unit # 02	# of Occ. 04	Name (Last, First, Middle) HEINEMAN JOSHUA W	
Address (Street, City, State, Zip Code) 556 HILL ST MIDDLETOWN OH 45042				
Social Security Number		Date of Birth 05191987	Age 24	Sex M
DL State OH	DL # EUB1730	LP State OH	LP # EUB1730	Injured Taken By 2 1 None 4 Other 2 EMS 5 Unknown 3 Police
Owner Name (if same, write "SAME") HAWLEY JESSICA A		Address (Street, City, State, Zip Code) 556 HILL ST MIDDLETOWN OH 45042		
Year 1999	Make VOLK	Model BUG	Color RED	Insurance Company State Farm Ins Co
Offense Charged		Offense Description		Citation #
Local Code? <input type="checkbox"/> 'X' If Yes				

Occupant

C	Unit # 02	# of Occ. 02	Name (Last, First, Middle) HAWLEY JESSICA A	
Address (Street, City, State, Zip Code) 556 HILL ST MIDDLETOWN OH 45042				
Social Security Number		Date of Birth 11121986	Age 24	Sex F
DL State	DL #	LP State	LP #	Injured Taken By 2 1 None 4 Other 2 EMS 5 Unknown 3 Police
Owner Name (if same, write "SAME") HAWLEY JESSICA A		Address (Street, City, State, Zip Code) 556 HILL ST MIDDLETOWN OH 45042		
Year 1999	Make VOLK	Model BUG	Color RED	Insurance Company State Farm Ins Co
Offense Charged		Offense Description		Citation #
Local Code? <input type="checkbox"/> 'X' If Yes				

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

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 <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 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>	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>	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 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>	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>	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>	Occurrence <p>1 On Roadway 2 On Shoulder 3 In Median 4 On Roadside 5 On Gore 6 Outside Trafficway 7 Unknown</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>	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>
		Speed 	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>	
		Supplement * 'X' if Yes 	Local Report # * 		

Narrative

Units were traveling eastbound on Second Street. Unit 3 was stopped in the roadway waiting for traffic to clear prior to making a left hand turn. Unit 2 was stopped behind Unit 3. Unit 1 failed to yield to stopped traffic and struck Unit 2 from behind, causing Unit 2 to strike Unit 1 from behind.

Manner Of Collision or Impact

2

- 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

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 **1** Secondary **1**

- 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

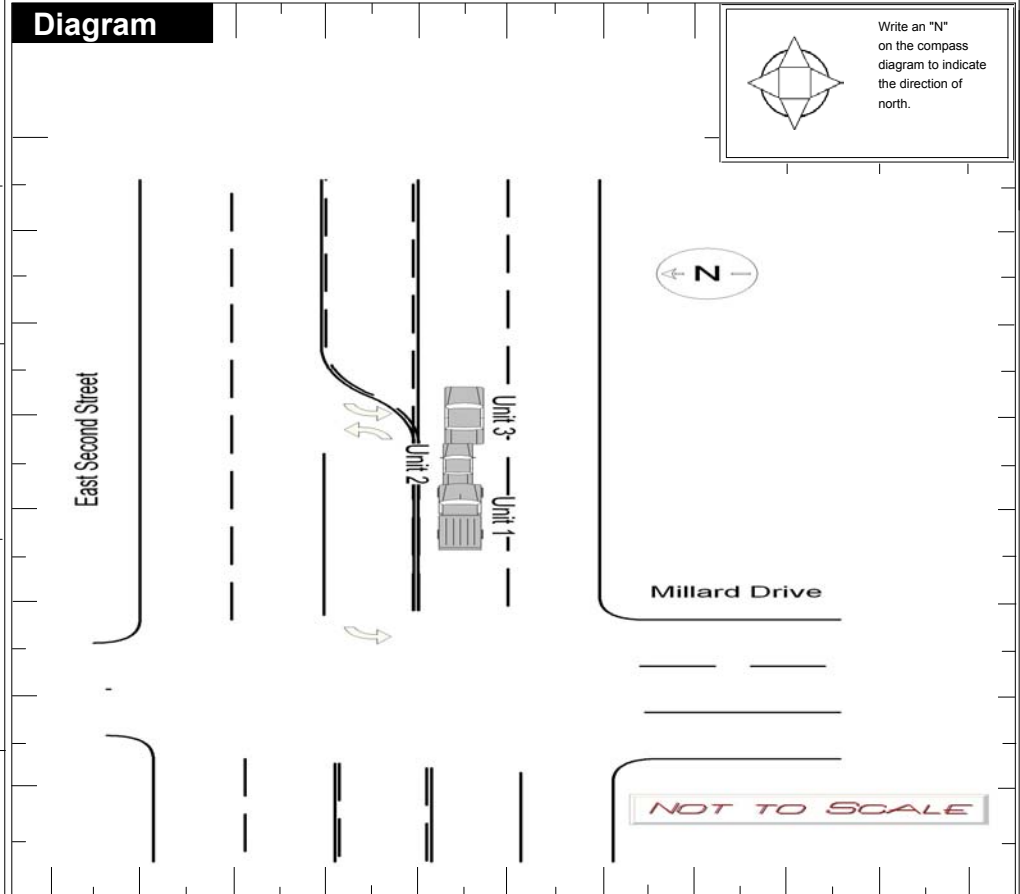
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

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 **08252011** Time Rec Call **1605** Dispatch **1605** Arrived **1608** Cleared **1709** Other **60** Total Minutes **124**

Officer's Name *

CRAIG, AMANDA

Badge # *

1F48

Checked By

Diekman, Edward

Date Report Filed *

08252011

Report Taken By

1

- 1 Police Agency
- 2 Motorist

Report Taken At

1

- 1 Scene
- 2 Station
- 3 Other

Supplement *

X if Yes

Local Report # *

11-281

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-281	2 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	03	01 98 = Animal 99 = Unknown	08252011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1605	THU	X			Franklin	83		

CRASH OCCURRED ON			Type Location Point Used			LOCAL INFORMATION		
Prefix	Crash Location	Type Loc	1 Named Street	3 Numbered Route				
E	Second	1	2 Numbered Street					
AT / REFERENCE			Reference Point Used					
Dist Reference	DR	Prefix	Reference	Ref Point	04 House Number	08 Place Name W/O Reference		
100	E		Millard Drive		01 State Line	05 Township Boundary	09 Driveway	
					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 03 01		JONES JULIE A	
Address (Street, City, State, Zip Code)			
8633 CHESHIRE CT Franklin OH 45005-0000			

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	06241964	47	F		
DL State	DL #	LP State	LP #	Injured Taken By	Injured Taken To
		OH	DGH1593	2 1 None 4 Other 2 EMS 5 Unknown 3 Police	JEMS Atrium Medical Center

Owner Name (if same, write "SAME")	Address (Street, City, State, Zip Code)					
JONES ANDREW	8633 CHESHIRE CT CARLISLE OH 45005					
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1999	FORD	TAU	RED	All State 98032749804/08	A-1 Industrial Inc W	

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	Sex	Home Phone #	Work Phone #
DL State	DL #	LP State	LP #	Injured Taken By	Injured Taken To

Owner Name (if same, write "SAME")	Address (Street, City, State, Zip Code)					
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #


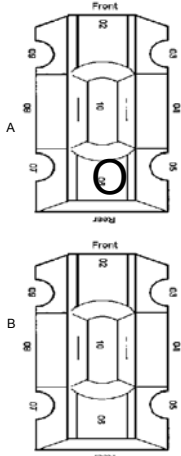

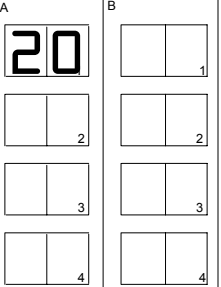






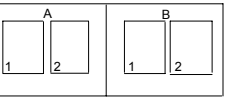




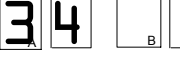
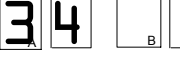

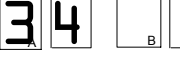







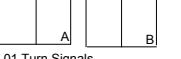





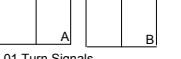



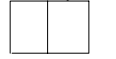

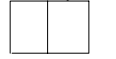

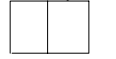
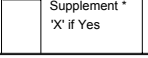

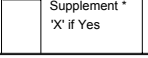

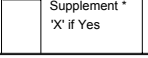

Offense Charged	Offense Description	Citation #	Local Code? 'X' If Yes

Occupant

Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
C	HOWELL SHERYL L	(937) 581-2631	04271956	55	F
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To
735 DAVID BLVD Franklin OH 45005-0000			1 None 4 Other 2 EMS 5 Unknown 3 Police		

Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
D	DEARTH WANDA F	(513) 746-4919	09161934	76	F
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To
476 MARTHA DR FRANKLIN OH 45005-0000			1 None 4 Other 2 EMS 5 Unknown 3 Police		

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

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status 								
Non-Motorist Location  <ul style="list-style-type: none"> 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 	Most Damaged Area  <ul style="list-style-type: none"> 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 	Motorist <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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  <ul style="list-style-type: none"> 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 	Drug Test Type  <ul style="list-style-type: none"> 1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown Drug Test 1&2 Result  <ul style="list-style-type: none"> 1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting 								
Type Of Unit  Motorist <ul style="list-style-type: none"> 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 	Point Of Impact  <ul style="list-style-type: none"> 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 	Contributing Circumstances  Motorist <ul style="list-style-type: none"> 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 	Condition  <ul style="list-style-type: none"> 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 	Direction <table border="0"> <tr> <td>From</td> <td>To</td> <td>From</td> <td>To</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <ul style="list-style-type: none"> 1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown 	From	To	From	To					Type of Intersection  <ul style="list-style-type: none"> 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
From	To	From	To										
													
In Emergency Response  <ul style="list-style-type: none"> 1 No 2 Yes 3 Unknown 	Action  <ul style="list-style-type: none"> 1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown 	Non-Motorist <ul style="list-style-type: none"> 35 Animal W/Rider 36 Animal W/Buggy 37 Bicycle 38 Pedestrian 39 Pedalcyclist 40 Skater 41 Other-Non Motorist 42 Unknown 	First Harmful Event  <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Alcohol/Drug Suspected  <ul style="list-style-type: none"> 1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown 	Occurrence  <ul style="list-style-type: none"> 1 On Roadway 2 On Shoulder 3 In Median 4 On Roadside 5 On Gore 6 Outside Trafficway 7 Unknown 								
Damage Scale  <ul style="list-style-type: none"> 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown 	Striking Vehicle: Override/ Underride  <ul style="list-style-type: none"> 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 	Vehicle Defect Code Only If '19' Selected Above  <ul style="list-style-type: none"> 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 	Most Harmful Event  <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Alcohol Test Status  <ul style="list-style-type: none"> 1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown 	Road Contour  <ul style="list-style-type: none"> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade 								
Damage Scale  <ul style="list-style-type: none"> 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown 	Striking Vehicle: Override/ Underride  <ul style="list-style-type: none"> 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 	Vehicle Defect Code Only If '19' Selected Above  <ul style="list-style-type: none"> 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 Detected  <ul style="list-style-type: none"> 1 Stated 2 Estimated Speed 	Alcohol Test Type  <ul style="list-style-type: none"> 1 None 2 Blood 3 Urine 4 Breath 5 Other 	Road Conditions <table border="0"> <tr> <td>Primary</td> <td>Secondary</td> </tr> <tr> <td></td> <td></td> </tr> </table> <ul style="list-style-type: none"> 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 <p>** Secondary Road Conditions ONLY</p>	Primary	Secondary						
Primary	Secondary												
													
					<table border="0"> <tr> <td>Supplement * 'X' if Yes</td> <td>Local Report # *</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Supplement * 'X' if Yes	Local Report # *						
Supplement * 'X' if Yes	Local Report # *												
													

Traffic Crash Report - Occupant Addendum

OH-1-P (Rev. 11/99)

Local Report # *

11-281

N.C.I.C. # *

08301

Reporting Agency *

Franklin Police Department

Date of Crash *

08252011

E 02	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
		HEINEMAN NATALIE	(513) 649-2544	07202010	01	F
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To	
556 HILL ST MIDDELTOWN OH 45042			2 1 None 4 Other 2 EMS 5 Unknown 3 Police	JEMS	Childrens Hospital Of Dayton	

F	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	

G	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	

H	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	

I	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	

J	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	

K	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	

17	Seating Position
	01 Front - Left (MC Driver)
	02 Front - Middle
	03 Front - Right
	04 Second - Left (MC Pass)
	05 Second - Middle
	06 Second - Right
	07 Third - Left (MC Passenger/Side Car)
	08 Third - Middle
	09 Third - Right
	10 Sleeper Section Of Cab
	11 Enclosed Cargo Area
	12 Unenclosed Cargo Area
	13 Trailing Unit
	14 Exterior
	15 Other
	16 Non-Motorist
	17 Unknown

05	Safety Equipment Motorist
	01 None used
	02 Shoulder Belt Only
	03 Lap Belt Only
	04 Shoulder/Lap Belt
	05 Child Safety Seat
	06 MC Helmet Used
	07 Use Unknown
	Non-Motorist
	08 None Used
	09 Helmet Used
	10 Protective Pads
	11 Reflective Clothing
	12 Lighting
	13 Other
	14 Unknown

1	Air Bag
	1 Not-Deployed
	2 Deployed-Front
	3 Deployed-Side
	4 Deployed Both Front/Side
	5 Not Applicable
	6 Unknown

4	Air Bag Switch
	1 Not Present
	2 In On Position
	3 In Off Position
	4 Unknown

1	Ejection
	1 Not Ejected
	2 Totally Ejected
	3 Partially Ejected
	4 Not Applicable
	5 Unknown

1	Trapped
	1 Not Trapped
	2 Extricated By Mechanical Means
	3 Freed By Non-Mechanical Means
	4 Unknown

4	Injuries
	1 No Injury
	2 Possible
	3 Non-Incapacitating
	4 Incapacitating
	5 Fatal Injury
	6 Unknown

Blank for Witness

<input type="checkbox"/>	Supplement 'X' if Yes
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