

OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
11-282		3 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		02		01 98 = Animal 99 = Unknown		08252011									
Time of Crash		Day of Week		City *		Village *		TWP *		Name (Of City, Village or Township) *		County # *		Latitude		Longitude	
1615		THU		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 2ND ST									
E		SR 73		1													
AT / REFERENCE				Reference Point Used				04 House Number 08 Place Name W/O Reference 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									
Dist Reference		DR		Prefix		Reference		Ref Point									
		S		Riley Blvd				09									

A		Unit #		# of Occ.		Name (Last, First, Middle)											
01		01		COLLIER SHARON M													
Address (Street, City, State, Zip Code)																	
4911 RIVERVIEW AV MIDDLETOWN OH 45042																	
Social Security Number			Date of Birth			Age			Sex			Home Phone #			Work Phone #		
			01121942			69			F			(513) 705-9950					
DL State		DL #		LP State		LP #		Injured Taken By		1 None 4 Other 2 EMS 5 Unknown 3 Police		Transported By		Injured Taken To			
OH		RQ560769		OH		FDB2018											
Owner Name (if same, write "SAME")						Address (Street, City, State, Zip Code)											
COLLIER SHARON M						4911 RIVERVIEW AV MIDDLETOWN OH 45042											
Year		Make		Model		Color		Insurance Company		Towing Service		Owner Phone #					
2004		BUIC		LES		MAR		Westfield 800-810-3665				(513) 705-9950					
Offense Charged		Offense Description						Citation #						Local Code? 'X' if Yes			

Motorist / Non-Motorist

B		Unit #		# of Occ.		Name (Last, First, Middle)											
02		03		FRAZIER DOROTHY													
Address (Street, City, State, Zip Code)																	
106 CARLYLE ST MINNEOLA FL 34715																	
Social Security Number			Date of Birth			Age			Sex			Home Phone #			Work Phone #		
			02121949			62			F			(513) 465-0534					
DL State		DL #		LP State		LP #		Injured Taken By		1 None 4 Other 2 EMS 5 Unknown 3 Police		Transported By		Injured Taken To			
FL		F626199495520		OH		FIL5921											
Owner Name (if same, write "SAME")						Address (Street, City, State, Zip Code)											
FRAZIER JOHN						8748 DAYTON-OXFORD RD FRANKLIN OH 45005											
Year		Make		Model		Color		Insurance Company		Towing Service		Owner Phone #					
1997		DODG		DAKOT		BLK		State Farm 513-932-2762									
Offense Charged		Offense Description						Citation #						Local Code? 'X' if Yes			

Occupant

C		Unit #		# of Occ.		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex			
02		02		WALLACE DEBORAH K						06091955		56		F			
Address (Street, City, State, Zip Code)						Injured Taken By						Transported By		Injured Taken To			
223 MAXWELL ST Franklin OH 45005-0000						1 None 4 Other 2 EMS 5 Unknown 3 Police											
Unit #		# of Occ.		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex					
02		02		FRAZIER JOHN W				07061955		56		M					
Address (Street, City, State, Zip Code)						Injured Taken By						Transported By		Injured Taken To			
700 JOSHUA CT CARLISLE OH 45005						1 None 4 Other 2 EMS 5 Unknown 3 Police											

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

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>	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>	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>	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 Underride, 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 <p>1 Stated 2 Estimated Speed</p>	Alcohol Test Type <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p>	Alcohol Test Result 	Alcohol Test Result 	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

Unit # 1 was turning from south bound Riley Blvd into the parking lot of Zink's Meat Market. As Unit # 1 was making the turn across both lanes of north bound traffic she was struck by Unit # 2 that she did not see coming.

Unit # 1 was trying to make the left turn in heavy traffic and had cleared the left lane, Unit # 2 was in the right hand lane and Unit # 1 could not see around traffic and was struck.

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 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 type="checkbox"/> 1 1 No 2 Yes 3 Unknown		SR 73 EB Riley Blvd SB Riley Blvd NB Speedway Gas Zink's Meat Market Driveway to Zink's NOT TO SCALE		
Light Conditions Primary <input checked="" type="checkbox"/> 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 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	
08252011	1615	1620	1628	1640	30	50	
Officer's Name *	Badge # *	Checked By	Date Report Filed *				
SHANNON, DENNIS	1F46	Diekman, Edward	08252011				
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	11-282				