

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-284	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	02	01 98 = Animal 99 = Unknown	08282011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
2015	SUN	X			Franklin	83		

CRASH OCCURRED ON		Type Location Point Used		LOCAL INFORMATION	
Prefix	Crash Location	Type Loc	1 Named Street 3 Numbered Route		
E	2ND ST		2 Numbered Street		
AT / REFERENCE			Reference Point Used		
Dist Reference	DR	Prefix	Reference	Ref Point	04 House Number
E			Millard	02	05 Township Boundary
			08 Place Name W/O Reference		
			09 Driveway		
			10 Street or Route W/O Reference		

Unit #	# of Occ.	Name (Last, First, Middle)	
A 01 02		STERN JAMIE M	
Address (Street, City, State, Zip Code)			
34 BOULDER DR Franklin OH 45005-0000			
Social Security Number	Date of Birth	Age	Sex
	03181980	31	F
DL State	DL #	LP State	LP #
OH	RU43751	OH	U371911
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)	
STERN JAMIE M		34 BOULDER DR Franklin OH 45005-0000	
Year	Make	Model	Color
2004	FORD	MUS	WHT
Insurance Company	Towing Service	Owner Phone #	
American Family	1777725		
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes
333.03A	Assured Clear Distance Ahead	00029	X

Motorist / Non-Motorist

Unit #	# of Occ.	Name (Last, First, Middle)	
B 02 05		CLAWSON MEGAN MARIE	
Address (Street, City, State, Zip Code)			
706 RIDGE RD LEBANON OH 45036			
Social Security Number	Date of Birth	Age	Sex
	08191993	18	F
DL State	DL #	LP State	LP #
OH	TQ547995	OH	ELQ3642
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)	
CLAWSON THOMAS J		706 RIDGE RD LEBANON OH 45036	
Year	Make	Model	Color
2008	PONT	G6	BLU
Insurance Company	Towing Service	Owner Phone #	
State Farm Insurance			
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes

Occupant

Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
C 01	STERN CAMERON	(937) 369-9692	05252000	11	M
Address (Street, City, State, Zip Code)		Injured Taken By	Transported By	Injured Taken To	
34 BOULDER DR FRANKLIN OH 45005		1 1 None 4 Other 2 EMS 5 Unknown 3 Police			
Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
D 02	CLAWSON DOROTHY R	(513) 850-5428	10151959	51	F
Address (Street, City, State, Zip Code)		Injured Taken By	Transported By	Injured Taken To	
706 RIDGE RD LEBANON OH 45036		2 1 None 4 Other 2 EMS 5 Unknown 3 Police	JEMS	Sycamore Hospital	

01 01 Front - Left (MC Driver)	01 01 None Used	1 1 Not Deployed	4 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	4 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	4 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	4 4 Unknown	1 4 Not Applicable	1 4 Unknown	1 4 Incapacitating
03 05 Second - Middle	04 05 Child Safety Seat	1 5 Not Applicable		1 5 Unknown		1 5 Fatal Injury
03 06 Second - Right	04 06 MC Helmet Used	1 6 Unknown				2 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					
03 10 Sleeper Section Of Cab	04 10 Protective Pads					
03 11 Enclosed Cargo Area	04 11 Reflective Clothing					
03 12 Unenclosed Cargo Area	04 12 Lighting					
03 13 Trailing Unit	04 13 Other					
03 14 Exterior	04 14 Unknown					
03 15 Other						
03 16 Non-Motorist						
03 17 Unknown						

Supplement * 'X' if Yes

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location 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 	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 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 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 1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting
Type Of Unit 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 	Contributing Circumstances 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 Of the Sequence of Events - Which one is the First Harmful Event (1-4)	Direction From To From To 1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown	Type of Intersection 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
In Emergency Response 1 No 2 Yes 3 Unknown Damage Scale 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown	Action 1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown Striking Vehicle: Override/ Underride 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 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 Of the Sequence of Events - Which One is the Most Harmful event (1-4)	Condition 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 Alcohol/Drug Suspected 1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown Alcohol Test Status 1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown Alcohol Test Type 1 None 2 Blood 3 Urine 4 Breath 5 Other	Occurrence 1 On Roadway 2 On Shoulder 3 In Median 4 On Roadside 5 On Gore 6 Outside Trafficway 7 Unknown Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade Road Conditions Primary Secondary 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
			Speed Detected 1 Stated 2 Estimated Speed Speed 	Alcohol Test Result 1 None 2 Blood 3 Urine 4 Breath 5 Other	Supplement * 'X' if Yes Local Report # *

Narrative

Units were traveling eastbound on Second Street. Unit 2 was stopped at the traffic light. Unit 1 did not see unit 2 stopped and struck Unit 2 in the rear-end. No visible damage to either vehicle.

Manner Of Collision or Impact

2

- 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: 3 Secondary:

- 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 Lane Closure
- 2 Lane Shift/Crossover
- 3 Work On Shoulder Or Median
- 4 Intermittent/Moving Work
- 5 Other

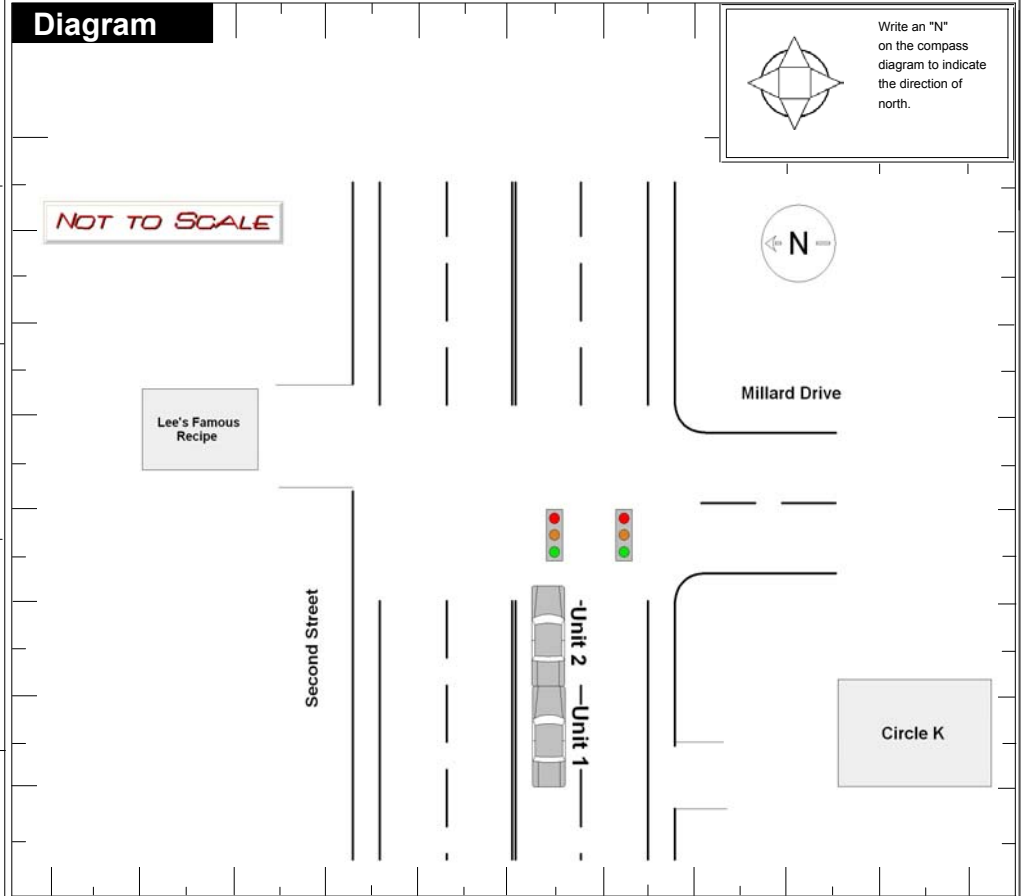
Location Of Crash In

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

Workers Present

- 1 No
- 2 Yes
- 3 Unknown

Diagram



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: 08282011 Time Rec Call: 2015 Dispatch: 2018 Arrived: 2019 Cleared: 2052 Other: 60 Total Minutes: 94

Officer's Name *

CRAIG, AMANDA

Badge # *

02101

Checked By

Diekman, Edward

Date Report Filed *

08282011

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 # *

11-284

Traffic Crash Report - Occupant Addendum

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

Local Report # *

11-284

N.C.I.C. # *

08301

Reporting Agency *

Franklin Police Department

Date of Crash *

08282011

E 02	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
		WARNER CHRISTIAN J	(513) 850-5598	06091992	19	M
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To	
284 SUTTON CT LEBANON OH 45036			1 1 None 4 Other 2 EMS 5 Unknown 3 Police			

F 02	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
		SINGLETON AUSTIN	(937) 241-5858	06022008	03	M
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To	
9772 STALEY RD FRANKLIN OH 45005			1 1 None 4 Other 2 EMS 5 Unknown 3 Police			

G 02	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
		SINGLETON ALEXIS	(937) 241-5858	12082005	05	F
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To	
9772 STALEY RD FRANKLIN OH 45005			1 1 None 4 Other 2 EMS 5 Unknown 3 Police			

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	

06	Seating Position
	01 Front - Left (MC Driver)
	02 Front - Middle
	03 Front - Right
05	04 Second - Left (MC Pass)
	05 Second - Middle
	06 Second - Right
04	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

14	Safety Equipment Motorist
	01 None used
	02 Shoulder Belt Only
05	03 Lap Belt Only
	04 Shoulder/Lap Belt
	05 Child Safety Seat
04	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
1	4 Deployed Both Front/Side
	5 Not Applicable
	6 Unknown

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

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

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

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

Blank for Witness

Supplement 'X' if Yes
