

OHIO TRAFFIC CRASH REPORT

Local Report # * 11-422	Crash Severity 3 1 Fatal 3 PDO 2 Injury 4 Unknown	Private Property X If Yes	Hit / Skip 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 * 12042011				
Time of Crash 2357	Day of Week SUN	City * X	Village *	TWP *	Name (Of City, Village or Township) * Franklin	County # * 83	Latitude	Longitude

CRASH OCCURRED ON	Type Location Point Used	LOCAL INFORMATION
Prefix: E Crash Location: 2ND ST	Type Loc: 1 1 Named Street 3 Numbered Route 2 Numbered Street	E 2ND ST
AT / REFERENCE	Reference Point Used	LOCAL INFORMATION
Dist Reference: 1295 E 2ND St	Ref Point: 04 01 State Line 02 Intersection 2 Streets 03 County Line	04 House Number 05 Township Boundary 06 Mile Post 07 Corporation Limit 08 Place Name W/O Reference 09 Driveway 10 Street or Route W/O Reference

Unit # A 01	# of Occ. 02	Name (Last, First, Middle) MAYS KAYTLYNN R
Address (Street, City, State, Zip Code) 985 SOMERSET DR MAIMISBURG OH 45342		
Social Security Number	Date of Birth 06121992	Age 19
DL State OH	DL # TR925740	Sex F
LP State OH	LP # AJ09GM	Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police
Owner Name (if same, write "SAME") GOINS SCOTT V	Address (Street, City, State, Zip Code) 549 SYCAMORE ST MIAMISBURG OH 45342	
Year 1991	Make CHEV	Model S10
Color PUR	Insurance Company State Farm	Owner Phone # (937) 838-3566
Offense Charged 331.22	Offense Description Emerging From Alley Or Driveway	Citation # 00068
		Local Code? 'X' if Yes X

Unit # B 02	# of Occ. 01	Name (Last, First, Middle) HUMPHRIES TIMOTHY W
Address (Street, City, State, Zip Code) 489 PARK AV CARLISLE OH 45005		
Social Security Number	Date of Birth 04081968	Age 43
DL State OH	DL # RR486205	Sex M
LP State OH	LP # EZB4515	Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police
Owner Name (if same, write "SAME") HUMPHRIES TIMOTHY W	Address (Street, City, State, Zip Code) 489 PARK AV CARLISLE OH 45005	
Year 1996	Make GEO	Model PRI
Color GRN	Insurance Company Progressive	Owner Phone # (513) 746-4605
Offense Charged	Offense Description	Citation #

Unit # C 01	# of Occ.	Name (Last, First, Middle) GOINS KAITLYN A
Address (Street, City, State, Zip Code) 549 E SYCAMORE ST MIAMISBURG OH 45342		
Date of Birth 01301992	Age 19	Sex F
Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To
Unit # D	# of Occ.	Name (Last, First, Middle)
Address (Street, City, State, Zip Code)		
Date of Birth	Age	Sex
Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To

01 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 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	04 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 Non 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	1 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	1 Injuries 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown
Supplement * 'X' if Yes						

Motorist / Non-Motorist
Motorist / Non-Motorist
Occupant

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location 		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 None 02 Test Refused 03 Test Given, Contaminated Sample/Unusable 04 Test Given, Results Known 05 Test Given, Results Unknown 06 Unknown Drug Test Type
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 	Contributing Circumstances 		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 1&2 Result
Type Of Unit 				Direction From To From To 	01 None 02 Marijuana 03 Cocaine 04 Opiates 05 Amphetamines 06 PCP 07 Other 08 Unknown at Time Of Reporting
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 			Condition 	Type Of Intersection
				1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown	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
				Alcohol/Drug Suspected 	Occurrence
				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	1 On Roadway 2 On Shoulder 3 In Median 4 On Roadside 5 On Gore 6 Outside Trafficway 7 Unknown
				Alcohol Test Status 	Road Contour
				1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown	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
In Emergency Response 					

Supplement * 'X' if Yes Local Report # *

Narrative

Unit 1 was making a left hand turn onto E. 2nd St. from Road Ranger Gas Station. Unit 2 was travel West bound on E. 2nd St. Unit 1 pulled out in front of Unit 2 causing Unit 2 to strike Unit 1.

Manner Of Collision or Impact

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

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

Weather

04

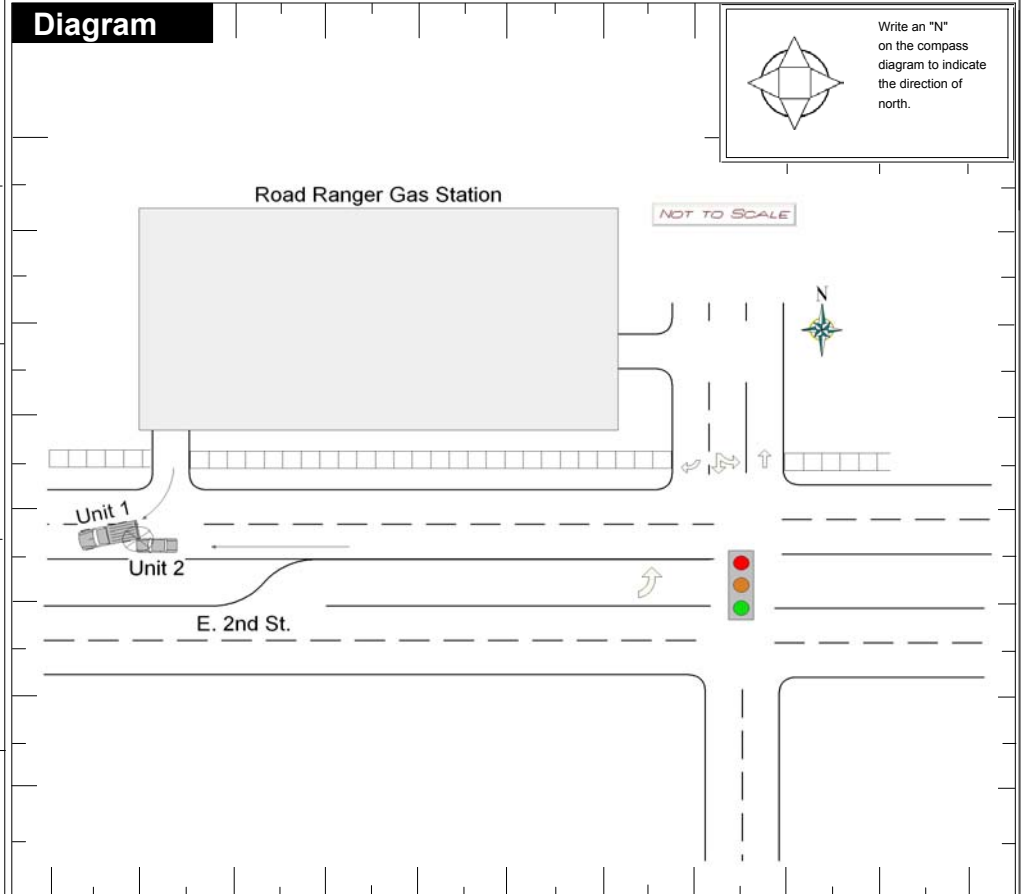
- 01 Clear
- 02 Cloudy
- 03 Fog, Smog, Smoke
- 04 Rain
- 05 Sleet, Hail (Freezing Rain Drizzle)
- 06 Snow
- 07 Severe Crosswinds
- 08 Blowing Sand, Soil, Dirt, Snow
- 09 Other
- 10 Unknown

Light Conditions

Primary: 4 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

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 #

1 2

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: 12042011 Time Rec Call: 2357 Dispatch: 0004 Arrived: 0010 Cleared: 0046 Other: 0 Total Minutes: 42

Officer's Name *

LACON, JACOB

Badge # *

46

Checked By

Smith, Terry

Date Report Filed *

12042011

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 # *

11-422