

OHIO TRAFFIC CRASH REPORT



Local Report # *
11-430

N.C.I.C. # *
08301

Crash Severity
3
1 Fatal 3 PDO
2 Injury 4 Unknown

Private Property
X
If Yes

Hit / Skip
3
1 Not Hit / Skip
2 Solved
3 Unsolved

Photos Taken
X
If Yes

OH-2 OH-3 OH-1P OTHER

Reporting Agency *
Franklin Police Department

Units
01

Unit Error
02
98 = Animal
99 = Unknown

Date of Crash *
12072011

Time of Crash **1044** Day of Week **WED** City * **Franklin** County # * **83**

CRASH OCCURRED ON
Prefix Crash Location **Lake AVE** Type Loc **1** Type Location Point Used
1 Named Street 3 Numbered Route
2 Numbered Street

AT / REFERENCE
Dist Reference DR Prefix Reference **Lake Ave** Ref Point **04** Reference Point Used
01 State Line 04 House Number 08 Place Name W/O Reference
02 Intersection 2 Streets 05 Township Boundary 09 Driveway
03 County Line 06 Mile Post 10 Street or Route W/O Reference
07 Corporation Limit

Motorist / Non-Motorist A
Unit # **01** # of Occ. Name (Last, First, Middle)
Address (Street, City, State, Zip Code)

Social Security Number Date of Birth Age Sex Home Phone # Work Phone #
DL State DL # LP State LP # **OH EYC7571** Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured Taken To

Owner Name (if same, write "SAME") **MASON NICHOLAS A** Address (Street, City, State, Zip Code) **5370 WEST KEMPER RD CINCINNATI OH 45252**
Year **2002** Make **FORD** Model **EXCU** Color **RED/RED** Insurance Company **State Farm** Towing Service Owner Phone # **(513) 869-9048**

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

Motorist / Non-Motorist B
Unit # # of Occ. Name (Last, First, Middle)
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 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported 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 C
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

Occupant 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

Motorist / Non-Motorist

Occupant

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

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

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

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

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

Trapped
A 1 Not Trapped
2 Extricated By Mechanical Means
B 3 Freed BY Non-Mechanical Means
C 4 Unknown

Injuries
A 1 No Injury
2 Possible
B 3 Non-Incapacitating
C 4 Incapacitating
D 5 Fatal Injury
6 Unknown

Supplement *
X If Yes

Narrative

Unit#1 was parked in front of 605 Lake Ave and was struck sometime over night by an unknown vehicle.

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

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 Secondary
1 2

- 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

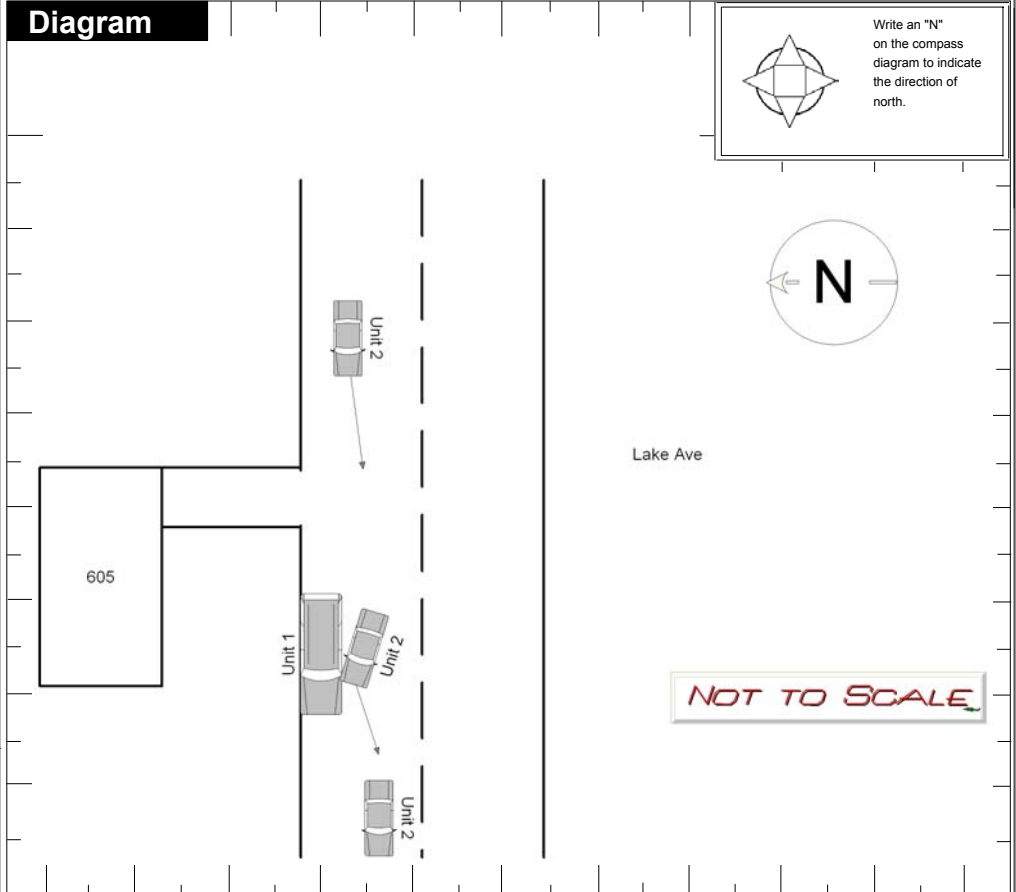
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

NOT TO SCALE

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.

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

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: 12072011 Time Rec Call: 1001 Dispatch: 1001 Arrived: 1010 Cleared: 1015 Other: 20 Total Minutes: 34

Officer's Name: KEENE, CHRISTOPHER Badge #: 1F44 Checked By: Smith, Terry Date Report Filed: 12072011

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 #: 11-430