

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-435	1 Fatal 3 PDO 2 Injury 4 Unknown	'X' If Yes	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	12082011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1718	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	ALLEN	
E	Second St				
AT / REFERENCE			Reference Point Used		
Dist Reference	DR	Prefix	Reference	Ref Point	Reference Point Used
			Allen St	02	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

Unit #	# of Occ.	Name (Last, First, Middle)
A 01 02		TIPELL KELLY J
Address (Street, City, State, Zip Code)		
8 ARLINGTON AVE FRANKLIN OH 45005-0000		

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #	
	06281986	25	M	(513) 746-5237		
DL State	DL #	LP State	LP #	Injured Taken By	Injured/Taken To	
OH	SV881211	OH	DQK6278	1 None 4 Other 2 EMS 5 Unknown 3 Police		
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)			
TIPELL KELLY J			8 ARLINGTON AVE FRANKLIN OH 45005-0000			
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
2007	CHRY	PT CR	LBU	State Farm	Fugates Auto	(513) 746-5237
Offense Charged	Offense Description	Citation #	Local Code? 'X' If Yes			
333.03A	Assured Clear Distance Ahead	01273	X			

Motorist / Non-Motorist

Unit #	# of Occ.	Name (Last, First, Middle)
B 02 02		WATKINS ALYSON R
Address (Street, City, State, Zip Code)		
8909 FOX HOUND AVE MIAMISBURG OH 45342		

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #	
	05081981	30	F	(937) 716-7838		
DL State	DL #	LP State	LP #	Injured Taken By	Injured/Taken To	
OH	RR481361	OH	ERC6664	1 None 4 Other 2 EMS 5 Unknown 3 Police		
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)			
MYERS ROBIN L			130 STADIA DRIV FRANKLIN OH 45005-0000			
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1997	BUIC	PARK	TEA	German Mutual Ins Co	Steve's Towing & R	
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	TURNER ALANA G	(937) 514-7604	03051975	36	F
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To
596 BUNKER HILL CT Franklin OH 45005-0000			2 1 None 4 Other 2 EMS 5 Unknown 3 Police	JEMS	Sycamore

Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
D 02	WATKINS SKYLER	(937) 716-7838	12232003	07	F
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To
11 WYNDEMERE DR FRANKLIN OH 45005					

01 01 Front - Left (MC Driver) 02 Front - Middle 03 Front - Right	04 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	2 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	4 1 Not Present 2 In On Position 3 In Off Position 4 Unknown	1 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	1 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	1 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown
01 04 Second - Left (MC Pass) 05 Second - Middle 06 Second - Right	04 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	1 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	4 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	1 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	1 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	1 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown
03 07 Third - Left 08 Third - Middle 09 Third - Right 10 Sleeper Section Of Cab	04 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	2 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	4 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	1 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	1 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	2 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown
03 11 Enclosed Cargo Area 12 Unenclosed Cargo Area 13 Trailing Unit 14 Exterior 15 Other 16 Non-Motorist 17 Unknown	04 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	1 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	4 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	1 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	1 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	1 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown

Narrative

On 12-8-11 at about 1638 I responded to the intersection of E. Second and Allen St for an auto accident with injuries. When I arrived I spoke to the occupants of both vehicles involved in the accident. The driver of unit number one said that he was west bound on E. Second St. He saw a vehicle stopped in the left lane of travel to turn. The driver of unit number one said that he did not have time to stop before rear-ending unit number two. A passenger in unit number one, Alana Turner, was transported to Sycamore Hospital for treatment of superficial injuries. The driver of unit number one rode with Ms Turner to the hospital. The driver of unit number two said that she was west bound on E. Second Street and stopped to turn left onto Allen Street when she was rear-ended.

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

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

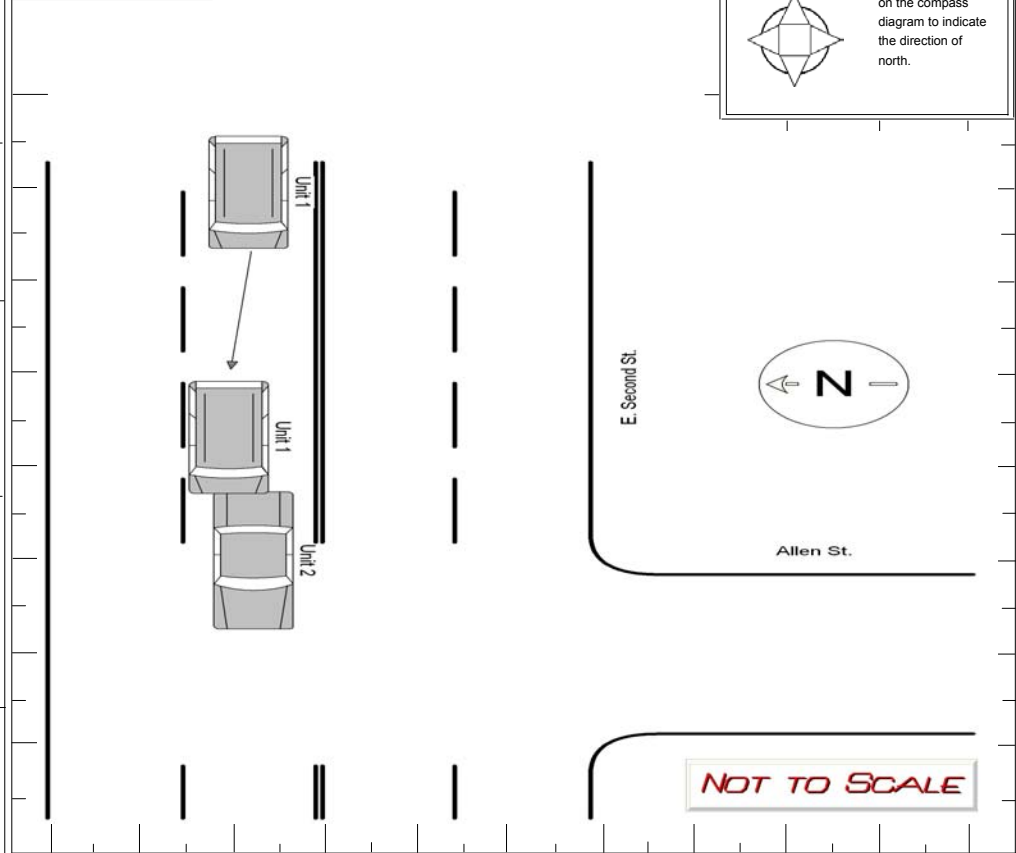
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

Diagram



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
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 #

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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
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Police Action

Date Crash Reported: **12082011** Time Rec Call: **1638** Dispatch: **1638** Arrived: **1643** Cleared: **1712** Other: **30** Total Minutes: **64**

Officer's Name: **Wolf, Troy** Badge #: **1F22** Checked By: **Smith, Terry** Date Report Filed: **12082011**

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 #: **11-435**