

OHIO TRAFFIC CRASH REPORT

| | | | | | | | | |
|------------------|------------------------------------------|------------------|-------------------------------------------------|-----------------|-----------------------------------------|------------|----------|-----------|
| Local Report # * | Crash Severity | Private Property | Hit / Skip | Photos Taken | OH-2 | OH-3 | OH-1P | OTHER |
| 11-439 | 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 | 01 | 01 98 = Animal 99 = Unknown | 12132011 | | | | |
| Time of Crash | Day of Week | City * | Village * | TWP * | Name (Of City, Village or Township) * | County # * | Latitude | Longitude |
| 0138 | TUE | 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 | PARK AVE | |
| Park Ave. At Cedar St | | | | | |
| AT / REFERENCE | | | Reference Point Used | | |
| Dist Reference | DR | Prefix | Reference | Ref Point | 02 |
| Ceder St | | | 01 State Line 02 Intersection 2 Streets 03 County Line | | |
| 04 House Number | | 05 Township Boundary | | 08 Place Name W/O Reference | |
| | | 06 Mile Post | | 09 Driveway | |
| | | 07 Corporation Limit | | 10 Street or Route W/O Reference | |

| | | | |
|-----------------------------------------|-----------|----------------------------|--|
| Unit # | # of Occ. | Name (Last, First, Middle) | |
| A 01 | 02 | GARDNER TRACY A | |
| Address (Street, City, State, Zip Code) | | | |
| 6504 PENCE SHEWMAN ELDORADO OH 45321 | | | |

| | | | | | |
|------------------------|---------------|----------|---------|------------------|-----------------------------------------------|
| Social Security Number | Date of Birth | Age | Sex | Home Phone # | Work Phone # |
| | 11021976 | 35 | F | (937) 533-7692 | |
| DL State | DL # | LP State | LP # | Injured Taken By | 1 None 4 Other 2 EMS 5 Unknown 3 Police |
| OH | RS542959 | OH | EMX5859 | 1 | |

| | | | | | | |
|------------------------------------|-----------------------------------------|-------|-------|-------------------|----------------|---------------|
| Owner Name (if same, write "SAME") | Address (Street, City, State, Zip Code) | | | | | |
| GARDNER MATTHEW C | 6504 PENCE SHEWMAN RD ELDORADO OH 45321 | | | | | |
| Year | Make | Model | Color | Insurance Company | Towing Service | Owner Phone # |
| 1998 | CHEV | 1500 | RED | Met Life | Fugates Towing | |

| | | | |
|-----------------|----------------------------------|------------|------------------------|
| Offense Charged | Offense Description | Citation # | Local Code? 'X' If Yes |
| 333.09B | Reckless Operation- Private Prop | 00071 | X |

Motorist / Non-Motorist

| | | | |
|-----------------------------------------|-----------|----------------------------|--|
| Unit # | # of Occ. | Name (Last, First, Middle) | |
| B | | | |
| 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 |
| | | | | | |

| | | | | | | |
|------------------------------------|-----------------------------------------|-------|-------|-------------------|----------------|---------------|
| 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

| | | | | | | | |
|-----------------------------------------|-----------|----------------------------|--|----------------------------------------------------|----------------|------------------|-----|
| Unit # | # of Occ. | Name (Last, First, Middle) | | Home Phone # | Date of Birth | Age | Sex |
| C 01 | | GARDNER MATTHEW C | | | 01311970 | 41 | M |
| Address (Street, City, State, Zip Code) | | | | Injured Taken By | Transported By | Injured Taken To | |
| 6504 PENCE SHEWMAN RD ELDORADO OH 45321 | | | | 1 1 None 4 Other 2 EMS 5 Unknown 3 Police | | | |

| | | | | | | | |
|-----------------------------------------|-----------|----------------------------|--|------------------|----------------|------------------|-----|
| Unit # | # of Occ. | Name (Last, First, Middle) | | Home Phone # | Date of Birth | Age | Sex |
| D | | | | | | | |
| Address (Street, City, State, Zip Code) | | | | Injured Taken By | Transported By | Injured Taken To | |
| | | | | | | | |

| | |
|-----------|------------------------------|
| 01 | Seating Position |
| A | 01 Front - Left (MC Driver) |
| B | 02 Front - Middle |
| C | 03 Front - Right |
| D | 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 |
| A | Motorist |
| B | 01 None Used |
| C | 02 Shoulder Belt Only |
| D | 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 |
| A | 1 Not Deployed |
| B | 2 Deployed-Front |
| C | 3 Deployed-Side |
| D | 4 Deployed Both Front/Side |
| | 5 Not Applicable |
| | 6 Unknown |

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

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

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

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

| |
|--------------|
| Supplement * |
| 'X' if Yes |

Narrative

Unit 1 was traveling West bound on Park Ave. Unit 1 did not make Right hand turn onto Cedar St. Unit 1 drove over the levy and across the rail road tracks. Unit 1 then drove through a fence and came to a stop in the back yard of 739 Park Ave.

Manner Of Collision or Impact



- 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 No
- 2 Yes, Directly Involved
- 3 Yes, Indirectly Involved
- 4 Unknown

Work Zone Related



- 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

Weather



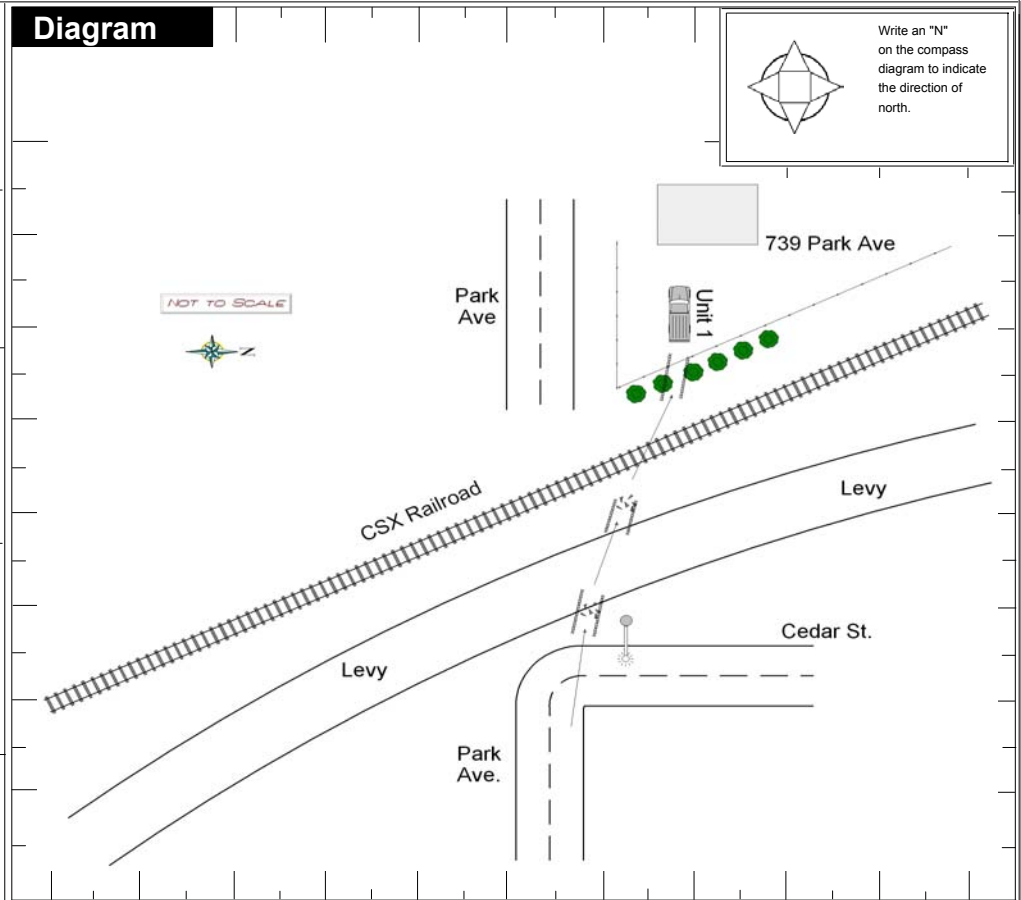
- 01 Clear
- 02 Cloudy
- 03 Fog, Smog, Smoke
- 04 Rain
- 05 Sleet, Hail (Freezing Rain Drizzle)
- 06 Snow
- 07 Severe Crosswinds
- 08 Blowing Sand, Soil, Dirt, Snow
- 09 Other
- 10 Unknown

Light Conditions



- 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 #

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 | Time Rec Call | Dispatch | Arrived | Cleared | Other | Total Minutes |
| 12132011 | 0615 | 0000 | 0000 | 0000 | 0 | 0 |

| | | | |
|------------------|-----------|--------------|---------------------|
| Officer's Name * | Badge # * | Checked By | Date Report Filed * |
| LACON, JACOB | 46 | Smith, Terry | 12132011 |

| | | | |
|-------------------------------|---------------------------------|--------------|------------------|
| Report Taken By | Report Taken At | Supplement * | Local Report # * |
| 1 Police Agency 2 Motorist | 1 Scene 2 Station 3 Other | X if Yes | 11-439 |