

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-443	2 1 Fatal 3 PDO 2 Injury 4 Unknown	X If Yes	2 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	03	01 98 = Animal 99 = Unknown	12142011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
0910	WED	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	STRT 73	
IR 75 SB Exit Ramp		3			
AT / REFERENCE			Reference Point Used		
Dist Reference	DR	Prefix	Reference	Ref Point	02
			Sr 73		
			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	04	ADKINS RICHARD S	
Address (Street, City, State, Zip Code)			
227 ROSEMARIE DR LEBANON OH 45036			
Social Security Number	Date of Birth	Age	Sex
	11081985	26	M
DL State	DL #	LP State	LP #
OH	SU656955	OH	475YIE
Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To
2		ClearCreek EMS	Atrium Hospital
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)	
Year	Make	Model	Color
2001	STRN		GRY
Insurance Company	Towing Service	Owner Phone #	
	Fugates Auto		
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes

Motorist / Non-Motorist

Unit #	# of Occ.	Name (Last, First, Middle)	
B 02	01	TURPIN RICHARD E	
Address (Street, City, State, Zip Code)			
515 N MARSHALL RD MIDDLETOWN OH 45042			
Social Security Number	Date of Birth	Age	Sex
	08101950	61	M
DL State	DL #	LP State	LP #
OH	RS430994	OH	6RET
Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To
1		JEMS	Atrium
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)	
TURPIN RICHARD E		515 N MARSHALL RD MIDDLETOWN OH 45042	
Year	Make	Model	Color
2011	CADI		BLK
Insurance Company	Towing Service	Owner Phone #	
Nationwide		(937) 313-9218	
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	FINCH SIDNEY B		08281988	23	M
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To
118 OHIO AV MONROE OH 45050			2 1 None 4 Other 2 EMS 5 Unknown 3 Police	JEMS	Atrium
Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
D 01	MCCARTY WHITNEY E	(937) 514-0613	07091992	19	F
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To
2015 VAN AVE MIDDLETOWN OH 45042			2 1 None 4 Other 2 EMS 5 Unknown 3 Police	JEMS	Atrium

Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
01 01 03 04	01 04 07 07	4 1 4 4	A 1 1 1	1 1 1 1	1 1 1 1	4 1 2 2
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	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 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	1 Not Present 2 In On Position 3 In Off Position 4 Unknown	1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown
						Supplement * 'X' if Yes

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location <p>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</p>	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 13 Unknown 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 <p>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</p>	Drug Test Type <p>1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown</p> Drug Test 1&2 Result <p>1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting</p>
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 <p>01 None 02 Center Front 03 Right Front 04 Right Side 05 Right Rear 06 Rear Center 07 Left Rear 08 Left Side 09 Left Front 10 Top And Windows 11 Undercarriage 12 Load / Trailer 13 Total (All Areas) 14 Other 15 Unknown</p>	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	Direction From To From To <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p>	Condition <p>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</p>	Type of Intersection <p>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</p>
In Emergency Response <p>1 No 2 Yes 3 Unknown</p>	Action <p>1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown</p>	Vehicle Defect Code Only If '19' Selected Above <p>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</p>	First Harmful Event <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p> Most Harmful Event <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Alcohol/Drug Suspected <p>1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown</p>	Occurrence <p>1 On Roadway 2 On Shoulder 3 In Median 4 On Roadside 5 On Gore 6 Outside Trafficway 7 Unknown</p>
Damage Scale <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	Striking Vehicle: Override/ Underride <p>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</p>		Speed Detected <p>1 Stated 2 Estimated Speed</p> Speed 	Alcohol Test Status <p>1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown</p> Alcohol Test Type <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p> Alcohol Test Result 	Road Contour <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p> Road Conditions Primary Secondary <p>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</p>
		Top Copy - ODPS Bottom Copy - Agency		Supplement * 'X' if Yes Local Report #* 	

Narrative

Unit # 1 was traveling on the South Bound exit ramp of IR 75 to SR 73, struck Unit # 2 on the left rear bumper, continued ran the red traffic light at SR 73 , turned left into oncoming west bound traffic, struck the gaurd rail, continued east bound then struck unit # 3, coming to rest against a concrete barrier on the north side of sr 73 west bound lanes.

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

Weather

02

- 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

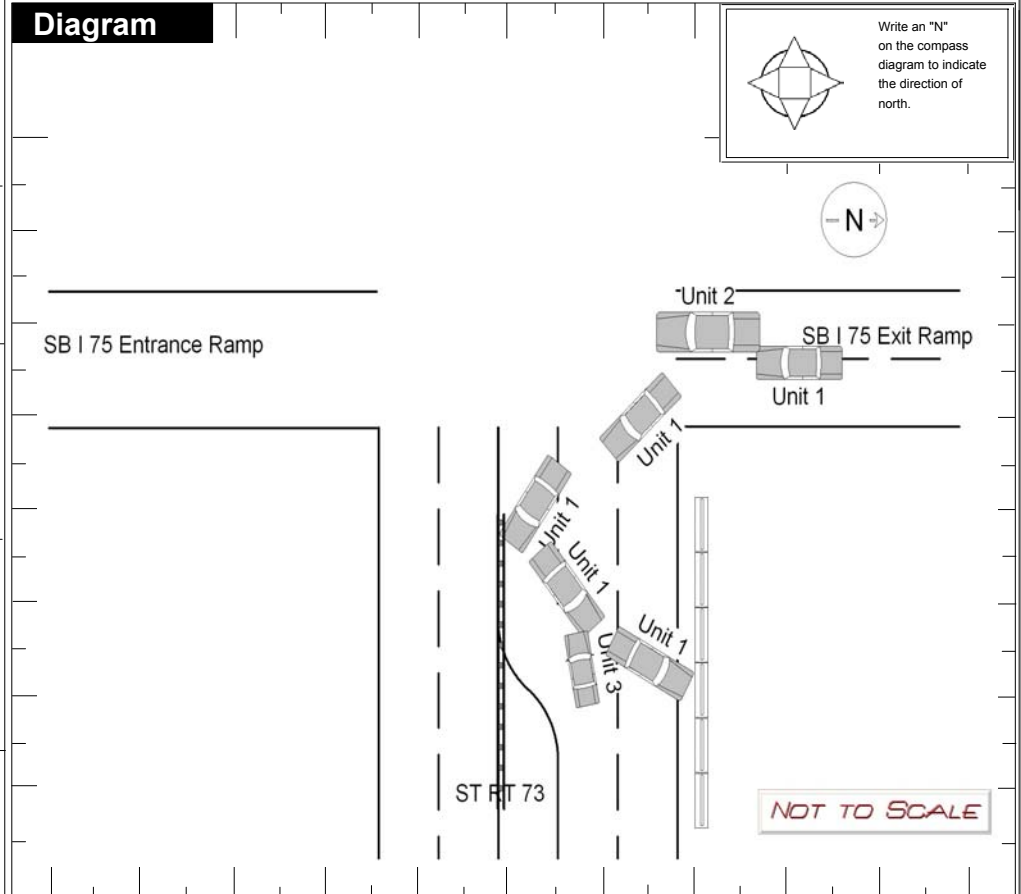
Light Conditions

Primary Secondary

1

- 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



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: 12/4/2011 Time Rec Call: 0910 Dispatch: 0910 Arrived: 0913 Cleared: 1040 Other: 45 Total Minutes: 135

Officer's Name *

Smith, Terry

Badge # *

1F32

Checked By

Smith, Terry

Date Report Filed *

12/4/2011

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 # *

11-443

OHIO TRAFFIC CRASH REPORT

Local Report # *

11-443

Crash Severity

2 1 Fatal 3 PDO
2 Injury 4 Unknown

Private Property

X
If Yes

Hit / Skip

2 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

03

Unit Error

01 98 = Animal
99 = Unknown

Date of Crash *

12142011

Time of Crash

0910

Day of Week

WED

City *

X

Village *

TWP *

Name (Of City, Village or Township) *

Franklin

County # *

83

Latitude

Longitude

CRASH OCCURRED ON

Prefix Crash Location

IR 75 SB Exit Ramp

Type Loc

3

Type Location Point Used

1 Named Street 3 Numbered Route
2 Numbered Street

LOCAL INFORMATION

STRT 73

AT / REFERENCE

Dist Reference

DR

Prefix

Reference

Sr 73

Ref Point

02

Reference Point Used

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 #

of Occ.

A 03 01

Name (Last, First, Middle)

PORTER EMILY K

Address (Street, City, State, Zip Code)

669 OGDEN RD WILMINGTON OH 45177

Social Security Number

Date of Birth

Age

Sex

Home Phone #

Work Phone #

07061991

20

F

(937) 728-7965

DL State

OH TG772924

LP State

OH EDE2854

Injured Taken By

2 1 None 4 Other
2 EMS 5 Unknown
3 Police

Transported By

JEMS

Injured/Taken To

Atrium Hospital

Owner Name (if same, write "SAME")

ARNOLD DARRELL E II

Address(Street, City, State, Zip Code)

669 OGDEN RD WILMINGTON OH 45177

Year

Make

Model

Color

Insurance Company

Towing Service

Owner Phone #

2000 HYUN

TIB

BLU

Progressive

Northern Sunoco

(937) 728-7965

Offense Charged

Offense Description

Citation #

Local Code? 'X' If Yes

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

C

Unit #

of Occ.

THOMPSON QUINCY L

Home Phone # (937) 790-8014

Date of Birth

06191977

Age

34 M

Address (Street, City, State, Zip Code)

930 WILSHIRE DR CARLISLE OH 45005

Injured Taken By

1 None 4 Other
2 EMS 5 Unknown
3 Police

Transported By

Injured Taken To

D

Unit #

of Occ.

BLANTON BRANDI L

Home Phone # (325) 280-4707

Date of Birth

Age

F

Address (Street, City, State, Zip Code)

82 LOWNES CT SPRINGBORO OH 45066

Injured Taken By

1 None 4 Other
2 EMS 5 Unknown
3 Police

Transported By

Injured Taken To

Motorist / Non-Motorist

Occupant

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

4 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

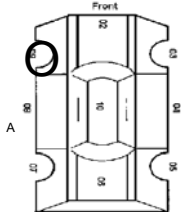
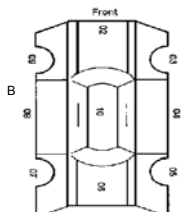
1 Trapped

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

3 Injuries

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

Supplement * 'X' if Yes

Unit Numbers <input type="text" value="03"/> <input type="text"/> <input type="text"/>	Damage Area 	Pre-Crash Actions <input type="text" value="01"/> <input type="text"/> <input type="text"/>	Sequence Of Events <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Posted Speed <input type="text" value="45"/> <input type="text"/> <input type="text"/>	Drug Test Status <input type="text"/> <input type="text"/>
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<input type="text"/>	<input type="text"/>																
Non-Motorist Location <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>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</p>		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 13 Unknown 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 <input type="text" value="01"/> <input type="text"/> <input type="text"/> <p>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</p>	Drug Test Type <input type="text"/> <input type="text"/> <p>1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown</p>												
Type Of Unit <input type="text" value="02"/> <input type="text"/> <input type="text"/> <p>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</p>	<input type="text" value="09"/> <input type="text"/> <input type="text"/> <p>01 None 02 Center Front 03 Right Front 04 Right Side 05 Right Rear 06 Rear Center 07 Left Rear 08 Left Side 09 Left Front 10 Top And Windows 11 Undercarriage 12 Load / Trailer 13 Total (All Areas) 14 Other 15 Unknown</p>	Contributing Circumstances <input type="text" value="01"/> <input type="text"/> <input type="text"/> <p>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</p>	Direction From To From To <input type="text" value="34"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p>	Condition <input type="text" value="1"/> <input type="text"/> <p>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</p>	Drug Test 1&2 Result <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting</p>												
In Emergency Response <input type="text" value="1"/> <input type="text"/> <p>1 No 2 Yes 3 Unknown</p>	Point Of Impact <input type="text" value="09"/> <input type="text"/> <input type="text"/> <p>01 None 02 Center Front 03 Right Front 04 Right Side 05 Right Rear 06 Rear Center 07 Left Rear 08 Left Side 09 Left Front 10 Top And Windows 11 Undercarriage 12 Load/Trailer 13 Total (All Areas) 14 Other 15 Unknown</p>	Vehicle Defect Code Only If '19' Selected Above <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>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</p>	First Harmful Event <input type="text" value="1"/> <input type="text"/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Alcohol/Drug Suspected <input type="text" value="1"/> <input type="text"/> <p>1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown</p>	Type of Intersection <input type="text" value="03"/> <p>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</p>												
Damage Scale <input type="text" value="5"/> <input type="text"/> <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	Action <input type="text" value="4"/> <input type="text"/> <input type="text"/> <p>1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown</p>	Striking Vehicle: Override/ Underride <input type="text"/> <input type="text"/> <p>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</p>	Most Harmful Event <input type="text"/> <input type="text"/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Alcohol Test Status <input type="text"/> <input type="text"/> <p>1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown</p>	Road Contour <input type="text" value="2"/> <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p>												
Damage Scale <input type="text" value="5"/> <input type="text"/> <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	Striking Vehicle: Override/ Underride <input type="text"/> <input type="text"/> <p>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</p>	Vehicle Defect Code Only If '19' Selected Above <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>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</p>	Speed Detected <input type="text" value="2"/> <input type="text"/> <p>1 Stated 2 Estimated Speed</p>	Alcohol Test Type <input type="text"/> <input type="text"/> <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p>	Road Conditions Primary <input type="text" value="02"/> Secondary <input type="text"/> <p>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</p>												
Top Copy - ODPS		Bottom Copy - Agency		Supplement * 'X' if Yes <input type="text"/> Local Report # * <input type="text" value="11-443"/>													

Traffic Crash Report - Occupant Addendum

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

Local Report # *

11-443

N.C.I.C. # *

08301

Reporting Agency *

Franklin Police Department

Date of Crash *

12142011

E 01	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
		LAPSLEY JA SHOAN HARLIN	(513) 435-1388	07311991	20	M
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To	
1225 JACKSON LN MIDDLETOWN OH 45044			2 EMS 5 Unknown 3 Police	JEMS	Atrium	

F	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	
			1 None 4 Other 2 EMS 5 Unknown 3 Police			

G	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	
			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	
			1 None 4 Other 2 EMS 5 Unknown 3 Police			

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	
			1 None 4 Other 2 EMS 5 Unknown 3 Police			

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	
			1 None 4 Other 2 EMS 5 Unknown 3 Police			

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	
			1 None 4 Other 2 EMS 5 Unknown 3 Police			

06	Seating Position
	01 Front - Left (MC Driver)
	02 Front - Middle
	03 Front - Right
	04 Second - Left (MC Pass)
F	05 Second - Middle
	06 Second - Right
	07 Third - Left (MC Passenger/Side Car)
G	08 Third - Middle
	09 Third - Right
	10 Sleeper Section Of Cab
H	11 Enclosed Cargo Area
	12 Unenclosed Cargo Area
	13 Trailing Unit
	14 Exterior
I	15 Other
	16 Non-Motorist
J	17 Unknown
K	

07	Safety Equipment Motorist
	01 None used
	02 Shoulder Belt Only
	03 Lap Belt Only
F	04 Shoulder/Lap Belt
	05 Child Safety Seat
	06 MC Helmet Used
	07 Use Unknown
G	Non-Motorist
	08 None Used
	09 Helmet Used
	10 Protective Pads
H	11 Reflective Clothing
	12 Lighting
	13 Other
I	14 Unknown
J	
K	

4	Air Bag
	1 Not-Deployed
	2 Deployed-Front
	3 Deployed-Side
F	4 Deployed Both Front/Side
	5 Not Applicable
	6 Unknown
G	
H	
I	
J	
K	

1	Air Bag Switch
	1 Not Present
	2 In On Position
	3 In Off Position
F	4 Unknown
G	
H	
I	
J	
K	

1	Ejection
	1 Not Ejected
	2 Totally Ejected
	3 Partially Ejected
F	4 Not Applicable
	5 Unknown
G	
H	
I	
J	
K	

1	Trapped
	1 Not Trapped
	2 Extricated By Mechanical Means
F	3 Freed By Non-Mechanical Means
	4 Unknown
G	
H	
I	
J	
K	

1	Injuries
	1 No Injury
	2 Possible
	3 Non-Incapacitating
F	4 Incapacitating
	5 Fatal Injury
	6 Unknown
G	
H	
I	
J	
K	

Blank for Witness

<input type="checkbox"/>	Supplement 'X' if Yes
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