

# OHIO TRAFFIC CRASH REPORT



Local Report # \*  
**11-453**

Crash Severity  
**2** 1 Fatal 3 PDO  
2 Injury 4 Unknown

Private Property  
X  
If Yes

Hit / Skip  
**1** 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 \*  
**12232011**

Time of Crash **1644** Day of Week **FRI** City \* **X** Village \* TWP \* Name (Of City, Village or Township) \* **Franklin** County # \* **83** Latitude Longitude

**CRASH OCCURRED ON**  
Prefix Crash Location **LOWER SPRINGBORO RD** Type Loc **RD** Type Location Point Used  
1 Named Street 3 Numbered Route  
2 Numbered Street

**AT / REFERENCE**  
Dist Reference DR Prefix Reference **3883** Ref Point **04** Reference Point Used  
01 State Line 04 House Number 08 Place Name W/O Reference  
02 Intersection 2 Streets 06 Mile Post 09 Driveway  
03 County Line 07 Corporation Limit 10 Street or Route W/O Reference

**A** Unit # **01** # of Occ. **02** Name (Last, First, Middle) **MILNER JUSTIN AARON**  
Address (Street, City, State, Zip Code) **1164 E SR 73 SPRINGBORO OH 45066**

Social Security Number Home Phone # Work Phone #  
**12071990 21 M (937) 510-8979**

DL State **OH** DL # **TE815661** LP State **OH** LP # **EQN5424** Injured Taken By **1 None 4 Other 2 EMS 5 Unknown 3 Police** Transported By Injured/Taken To

Owner Name (if same, write "SAME") **MILNER JUSTIN AARON** Address (Street, City, State, Zip Code) **1164 E SR 73 SPRINGBORO OH 45066**

Year **2004** Make **CHEV** Model **1500** Color **RED** Insurance Company **STATE FARM** Towing Service **Fugates Auto** Owner Phone # **(937) 510-8979**

Offense Charged **333.03** Offense Description **Speed** Citation # **00156** Local Code? **X** If Yes

**B** Unit # **02** # of Occ. **01** Name (Last, First, Middle) **MOORE JANICE L**  
Address (Street, City, State, Zip Code) **130 FARNESE CT LEBANON OH 45036**

Social Security Number Home Phone # Work Phone #  
**02011937 74 F (513) 932-2838**

DL State **OH** DL # **RU199233** LP State **OH** LP # **EWV2773** Injured Taken By **2** 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By **JEMS** Injured/Taken To **Atrium**

Owner Name (if same, write "SAME") **MOORE JOEL L** Address (Street, City, State, Zip Code) **130 FARNESE CT LEBANON OH 45036**

Year **2009** Make **BUIC** Model **LUCRN** Color **GRY** Insurance Company **CINCINNATI INS** Towing Service **McDaniels Towing** Owner Phone #

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

**C** Unit # **01** Name (Last, First, Middle) **GILLIS WILLIAM D** Home Phone # **05311991** Age **20** Sex **M**  
Address (Street, City, State, Zip Code) **65 WOODS RD SPRINGBORO OH 45066**

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) 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  
**01** 04 Second - Left ( MC Pass)  
05 Second - Middle  
06 Second - Right  
**03** 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** 04 Shoulder /Lap Belt  
05 Child Safety Seat  
**04** 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  
**1** 4 Deployed Both Front/Side  
5 Not Applicable  
**1** 6 Unknown

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

**1** Ejection  
1 Not Ejected  
2 Totally Ejected  
3 Partially Ejected  
**1** 4 Not Applicable  
**1** 5 Unknown

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

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

Supplement \*  
X' if Yes

Motorist / Non-Motorist

Occupant

<p><b>Unit Numbers</b></p> <p>01 02</p> <p><b>Non-Motorist Location</b></p> <p>A B</p> <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> <p><b>Type Of Unit</b></p> <p>07 04</p> <p><b>Motorist</b></p> <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  <b>Non-Motorist</b>  35 Animal W/Rider  36 Animal W/Buggy  37 Bicycle  38 Pedestrian  39 Pedalcyclist  40 Skater  41 Other-Non Motorist  42 Unknown</p> <p><b>In Emergency Response</b></p> <p>A B</p> <p>1 No  2 Yes  3 Unknown</p> <p><b>Damage Scale</b></p> <p>5 4</p> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<p><b>Damage Area</b></p> <p>Front</p> <p>A B</p> <p>Front</p> <p>B</p> <p><b>Most Damaged Area</b></p> <p>08 08</p> <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> <p><b>Point Of Impact</b></p> <p>08 08</p> <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> <p><b>Action</b></p> <p>3 4</p> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</p> <p><b>Striking Vehicle:</b>  <b>Override/ Underride</b></p> <p>A B</p> <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>	<p><b>Pre-Crash Actions</b></p> <p>01 01</p> <p><b>Motorist</b></p> <p>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  <b>Non-Motorist</b>  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</p> <p><b>Contributing Circumstances</b></p> <p>15 01</p> <p><b>Motorist</b></p> <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  <b>Non-Motorist</b>  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> <p><b>Vehicle Defect Code Only If '19' Selected Above</b></p> <p>A B</p> <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>	<p><b>Sequence Of Events</b></p> <p>A B</p> <p>10 20</p> <p>20 2</p> <p>31 3</p> <p>4 4</p> <p><b>Non-Collision</b></p> <p>01 Overtum/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  <b>Collision w/ Person, Vehicle, Or Object Not Fixed</b>  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  <b>Collision with Fixed Object</b>  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</p> <p><b>First Harmful Event</b></p> <p>2 1</p> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p> <p><b>Most Harmful Event</b></p> <p>3 1</p> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p> <p><b>Speed Detected</b></p> <p>2 1</p> <p>1 Stated  2 Estimated Speed</p> <p><b>Speed</b></p> <p>65 35</p>	<p><b>Posted Speed</b></p> <p>35 35</p> <p><b>Traffic Control</b></p> <p>01 01</p> <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> <p><b>Direction</b></p> <p>From To From To</p> <p>6 2 2 5</p> <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p> <p><b>Condition</b></p> <p>6 1</p> <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> <p><b>Alcohol/Drug Suspected</b></p> <p>2 1</p> <p>1 None  2 Yes-Alcohol Suspected  3 Yes-HBD Not Impaired  4 Yes-Drugs Suspected  5 Yes-Alcohol / Drugs Suspected  6 Unknown</p> <p><b>Alcohol Test Status</b></p> <p>4 1</p> <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> <p><b>Alcohol Test Type</b></p> <p>4 1</p> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p> <p><b>Alcohol Test Result</b></p> <p>160</p>	<p><b>Drug Test Status</b></p> <p>1 1</p> <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> <p><b>Drug Test Type</b></p> <p>1 1</p> <p>1 None  2 Blood  3 Urine  4 Other</p> <p><b>Drug Test 1&amp;2 Result</b></p> <p>A B</p> <p>1 2 1 2</p> <p>1 None  2 Marijuana  3 Cocaine  4 Opiates  5 Amphetamines  6 PCP  7 Other  8 Unknown at Time Of Reporting</p> <p><b>Type of Intersection</b></p> <p>01</p> <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> <p><b>Occurrence</b></p> <p>1</p> <p>1 On Roadway  2 On Shoulder  3 In Median  4 On Roadside  5 On Gore  6 Outside Trafficway  7 Unknown</p> <p><b>Road Contour</b></p> <p>3</p> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p> <p><b>Road Conditions</b></p> <p>Primary Secondary</p> <p>01 01</p> <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>
				<p>Supplement * 'X' if Yes</p> <p>Local Report #*</p> <p>11-453</p>	

# Narrative

Unit 1 was traveling southeast on Lower Springboro Rd. at a high rate of speed. Unit 1 began to make the right curve and due to his speed was unable to stay in the right lane. Unit 1 crossed approx. half way into the oncoming lane, striking Unit 2. Unit 2 was northbound on Lower Springboro and swerved to the right in an attempt to avoid the crash, thereby avoiding a full head on collision. After striking Unit 2 unit one continued southbound on Lower Springboro sideways, with the rear half of the vehicle off the left side of the road. Unit 1 struck a guardrail past the driveway access to 3883, sending the veh. into a rapid counter-clockwise spin.

## 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



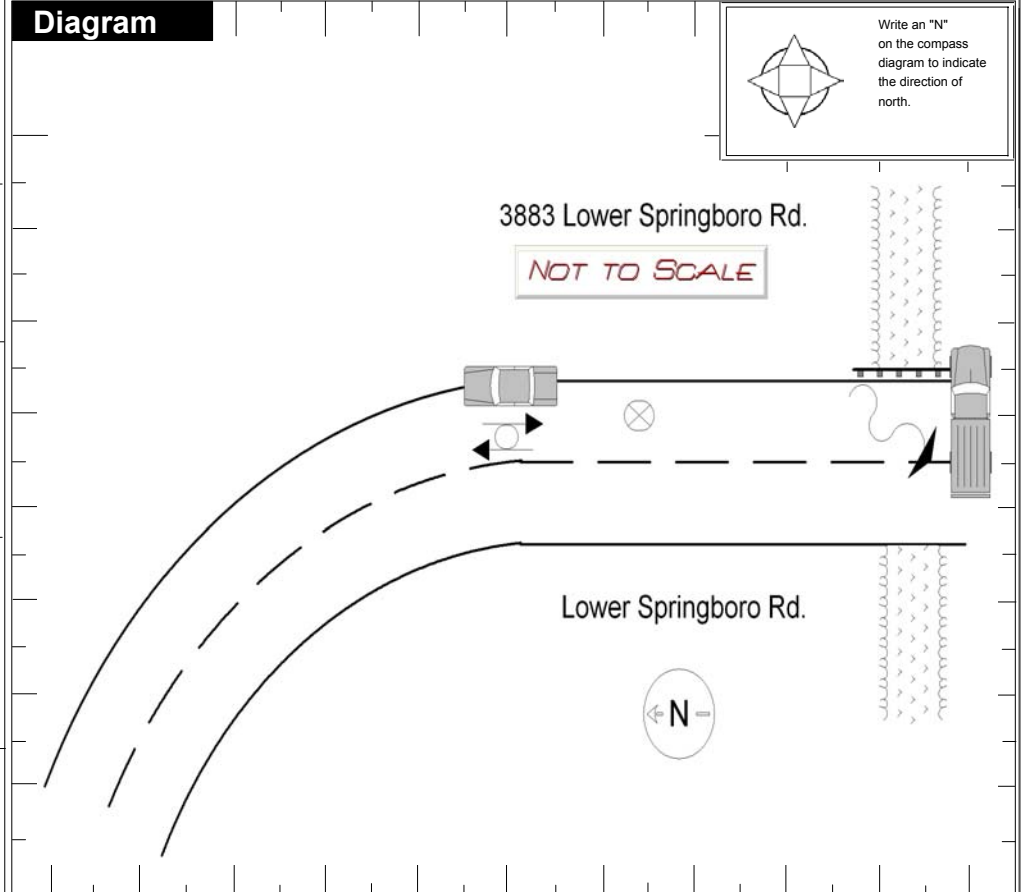
- 01 Clear
- 02 Cloudy
- 03 Fog, Smog, Smoke
- 04 Rain
- 05 Sleet, Hail (Freezing Rain Drizzle)
- 06 Snow
- 07 Severe Crosswinds
- 08 Blowing Sand, Soil, Dirt, Snow
- 09 Other
- 10 Unknown

## 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



## 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: 12232011 Time Rec Call: 1644 Dispatch: 1645 Arrived: 1651 Cleared: 1732 Other: 40 Total Minutes: 87

Officer's Name \*

Massey, Gerald

Badge # \*

1F14

Checked By

Diekman, Edward

Date Report Filed \*

12232011

Report Taken By



- 1 Police Agency
- 2 Motorist

Report Taken At



- 1 Scene
- 2 Station
- 3 Other

Supplement \*

'X' if Yes

Local Report # \*

11-453