

OHIO TRAFFIC CRASH REPORT

Local Report # * 11-461		Crash Severity 2 1 Fatal 3 PDO 2 Injury 4 Unknown		Private Property If Yes <input type="checkbox"/>	Hit / Skip 1 1 Not Hit / Skip 2 Solved 3 Unsolved	Photos Taken If Yes <input checked="" type="checkbox"/>	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 * 12302011				
Time of Crash 2001	Day of Week FRI	City * X	Village * <input type="checkbox"/>	TWP * <input type="checkbox"/>	Name (Of City, Village or Township) * Franklin		County # * 83	Latitude	Longitude	

CRASH OCCURRED ON			Type Location Point Used		LOCAL INFORMATION	
Prefix	Crash Location South Dixie Hwy		Type Loc 3	1 Named Street 3 Numbered Route 2 Numbered Street		
AT / REFERENCE			Reference Point Used		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	
Dist Reference	DR	Prefix	Reference	Ref Point		
			State Route 73 West	10		

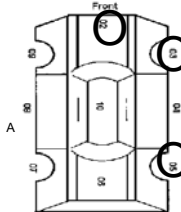
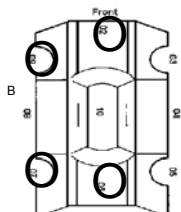
A	Unit # 01	# of Occ. 01	Name (Last, First, Middle) ESTEP CODY M	
Address (Street, City, State, Zip Code) 803 PARKSIDE LN MASON OH 45040				
Social Security Number		Date of Birth 02211988	Age 23	Sex M
DL State KY	DL # E06400665	LP State OH	LP # BC74DB	Injured Taken By 2 1 None 4 Other 2 EMS 5 Unknown 3 Police
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)		
Year 2001	Make FORD	Model TAU	Color RED	Insurance Company State Farm
Offense Charged 313.03(C)		Offense Description Red Light		Citation # 00227
Injured Taken To Atrium Medical Center		Local Code? <input checked="" type="checkbox"/> If Yes X		

B	Unit # 02	# of Occ. 01	Name (Last, First, Middle) MCLEES REBECCA JO	
Address (Street, City, State, Zip Code) 2620 FLEMING RD MIDDLETOWN OH 45042				
Social Security Number		Date of Birth 09121988	Age 23	Sex
DL State OH	DL # SS702337	LP State OH	LP # FLC8191	Injured Taken By 2 1 None 4 Other 2 EMS 5 Unknown 3 Police
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)		
Year 1997	Make TOYT	Model	Color WHT	Insurance Company Unknown
Offense Charged		Offense Description		Citation #
Injured Taken To Atrium Medical Center		Local Code? <input type="checkbox"/> If Yes		

C	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		1 None 4 Other					
2 EMS 5 Unknown		2 EMS 5 Unknown					
3 Police		3 Police					
D	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		1 None 4 Other					
2 EMS 5 Unknown		2 EMS 5 Unknown					
3 Police		3 Police					

01	01	4	4	1	1	3	
Seating Position		Safety Equipment		Air Bag		Air Bag Switch	
01 Front - Left (MC Driver)		01 None Used		1 Not Deployed		1 Not Present	
02 Front - Middle		02 Shoulder Belt Only		2 Deployed-Front		2 In On Position	
03 Front - Right		03 Lap Belt Only		3 Deployed-Side		3 In Off Position	
04 Second - Left (MC Pass)		04 Shoulder /Lap Belt		4 Deployed Both Front/Side		4 Unknown	
05 Second - Middle		05 Child Safety Seat		5 Not Applicable			
06 Second - Right		06 MC Helmet Used		6 Unknown			
07 Third - Left		07 Use Unknown					
08 Third - Middle		Non-Motorist					
09 Third - Right		08 Non Used					
10 Sleeper Section Of Cab		09 Helmet Used					
11 Enclosed Cargo Area		10 Protective Pads					
12 Unenclosed Cargo Area		11 Reflective Clothing					
13 Trailing Unit		12 Lighting					
14 Exterior		13 Other					
15 Other		14 Unknown					
16 Non-Motorist							
17 Unknown							
						Supplement * <input type="checkbox"/> If Yes	

Motorist / Non-Motorist
Occupant

Unit Numbers <input type="text" value="01"/> <input type="text" value="02"/>	Damage Area  	Pre-Crash Actions <input type="text" value="01"/> <input type="text" value="06"/>	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" value="20"/></td> </tr> <tr> <td><input type="text" value="37"/></td> <td><input type="text" value="2"/></td> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value="4"/></td> <td><input type="text" value="4"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text" value="37"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	Posted Speed <input type="text" value="35"/> <input type="text" value="35"/>	Drug Test Status <input type="text" value="5"/> <input type="text" value="1"/>
A	B														
<input type="text" value="20"/>	<input type="text" value="20"/>														
<input type="text" value="37"/>	<input type="text" value="2"/>														
<input type="text" value="3"/>	<input type="text" value="3"/>														
<input type="text" value="4"/>	<input type="text" value="4"/>														
Non-Motorist Location <input type="text" value="05"/> <input type="text" value="05"/> <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 <input type="text" value="03"/> <input type="text" value="09"/>	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 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="04"/> <input type="text" value="04"/> <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" value="2"/> <input type="text" value="1"/> <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 <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="8"/></td> <td><input type="text" value="1"/></td> </tr> <tr> <td><input type="text" value="2"/></td> <td><input type="text" value="2"/></td> </tr> </table> <p>1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting</p>	A	B	<input type="text" value="8"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="2"/>				
A	B														
<input type="text" value="8"/>	<input type="text" value="1"/>														
<input type="text" value="2"/>	<input type="text" value="2"/>														
Type Of Unit <input type="text" value="03"/> <input type="text" value="03"/>	Point Of Impact <input type="text" value="03"/> <input type="text" value="09"/>	Contributing Circumstances <input type="text" value="03"/> <input type="text" value="01"/>	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 <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="2"/> <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p>	Type of Intersection <input type="text" value="02"/> <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>										
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	Action <input type="text" value="5"/> <input type="text" value="4"/> <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 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <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" value="1"/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p> Most Harmful Event <input type="text" value="1"/> <input type="text" value="1"/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Condition <input type="text" value="6"/> <input type="text" value="1"/> <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>	Alcohol/Drug Suspected <input type="text" value="5"/> <input type="text" value="1"/> <p>1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown</p>										
In Emergency Response <input type="text" value="1"/> <input type="text" value="1"/> <p>1 No 2 Yes 3 Unknown</p>	Striking Vehicle: Override/ Underride <input type="text" value="7"/> <input type="text" value="7"/> <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 <input type="text" value=""/> <input type="text" value=""/> <p>1 Stated 2 Estimated Speed</p>	Alcohol Test Status <input type="text" value="5"/> <input type="text" value="1"/> <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="1"/> <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p>										
Damage Scale <input type="text" value="4"/> <input type="text" value="4"/> <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>			Speed <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Alcohol Test Type <input type="text" value="2"/> <input type="text" value="1"/> <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p>	Road Conditions Primary <input type="text" value="02"/> Secondary <input type="text" value=""/> <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 - OPDS Bottom Copy - Agency		Supplement * 'X' if Yes <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Local Report # * <input type="text" value="11-461"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>											

Narrative

Unit 1 was traveling northbound on South Dixie Highway. Unit 2 was traveling westbound on Riley Blvd/State Route 73 West. Witnesses stated Unit 1 failed to stop at the red light, causing Unit 2 to collide with Unit 1 in the intersection

Manner Of Collision or Impact

6

- 1 Not Collision Between
- 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

04

- 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

4

- 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

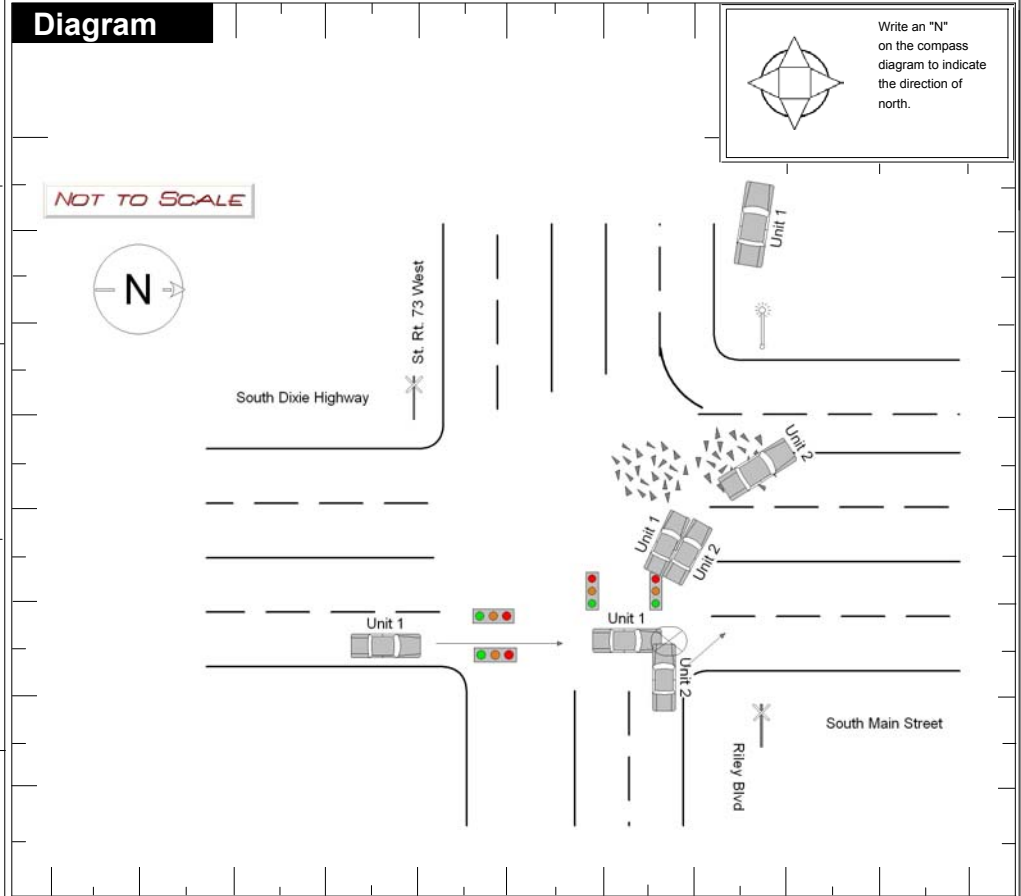
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

Diagram



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 #

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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: 12312011 Time Rec Call: 2001 Dispatch: 2001 Arrived: 2002 Cleared: 2052 Other: 120 Total Minutes: 171

Officer's Name: CRAIG, AMANDA Badge #: 02101 Checked By: Smith, Terry Date Report Filed: 12312011

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 #: 11-461