

# OHIO TRAFFIC CRASH REPORT



Local Report # \* **11-463**

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

Private Property 'X' If Yes

Hit / Skip **3** 1 Not Hit / Skip 2 Solved 3 Unsolved

Photos Taken 'X' If Yes

N.C.I.C. # \* **08301**

Reporting Agency \* **Franklin Police Department**

# Units **02**

Unit Error **01** 98 = Animal 99 = Unknown

Date of Crash \* **12292011**

Time of Crash **1817** Day of Week **THU** City \* **X** Village \*  TWP \*  Name ( Of City, Village or Township ) \* **Franklin** County # \* **83** Latitude  Longitude

**CRASH OCCURRED ON**

Prefix **S** Crash Location **MAIN ST** Type Loc **1** Type Location Point Used **1** 1 Named Street 3 Numbered Route 2 Numbered Street

**LOCAL INFORMATION**

Dist Reference **303 S. Main St** Ref Point **04** Reference Point Used **04** 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

**Motorist / Non-Motorist**

**A** Unit # **01** # of Occ. **01** Name (Last, First, Middle) **UNKNOWN**

Address (Street, City, State, Zip Code)

Social Security Number  Date of Birth  Age  Sex **M** 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

**Motorist / Non-Motorist**

**B** Unit # **02** # 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 **OH** LP # **CEN6326** Injured Taken By  1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By  Injured Taken To

Owner Name (if same, write "SAME") **THOMPSON KAY L** Address( Street, City, State, Zip Code) **742 UNION RD FRANKLIN OH 45036**

Year **2002** Make **STRN** Model **VUE** Color **SIL** Insurance Company **Erie Ins Co** Towing Service  Owner Phone # **(937) 550-9304**

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

**Occupant**

**C** Unit #  Name (Last, First, Middle)  Home Phone #  Date of Birth  Age  Sex

Address (Street, City, State, Zip Code)

Injured Taken By  1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By  Injured Taken To

**D** Unit #  Name (Last, First, Middle)  Home Phone #  Date of Birth  Age  Sex

Address (Street, City, State, Zip Code)

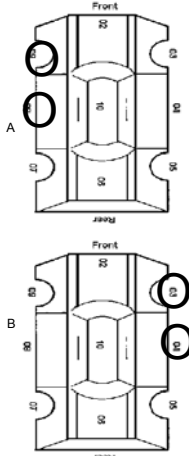
Injured Taken By  1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By  Injured Taken To

<p><b>01</b> <b>Seating Position</b></p> <p>01 Front - Left ( MC Driver)</p> <p>02 Front - Middle</p> <p>03 Front - Right</p> <p>04 Second - Left ( MC Pass)</p> <p>05 Second - Middle</p> <p>06 Second - Right</p> <p>07 Third - Left</p> <p>08 Third - Middle</p> <p>09 Third - Right</p> <p>10 Sleeper Section Of Cab</p> <p>11 Enclosed Cargo Area</p> <p>12 Unenclosed Cargo Area</p> <p>13 Trailing Unit</p> <p>14 Exterior</p> <p>15 Other</p> <p>16 Non-Motorist</p> <p>17 Unknown</p>	<p><b>07</b> <b>Safety Equipment Motorist</b></p> <p>01 None Used</p> <p>02 Shoulder Belt Only</p> <p>03 Lap Belt Only</p> <p>04 Shoulder /Lap Belt</p> <p>05 Child Safety Seat</p> <p>06 MC Helmet Used</p> <p>07 Use Unknown</p> <p><b>Non-Motorist</b></p> <p>08 Non Used</p> <p>09 Helmet Used</p> <p>10 Protective Pads</p> <p>11 Reflective Clothing</p> <p>12 Lighting</p> <p>13 Other</p> <p>14 Unknown</p>	<p><b>6</b> <b>Air Bag</b></p> <p>1 Not Deployed</p> <p>2 Deployed-Front</p> <p>3 Deployed-Side</p> <p>4 Deployed Both Front/Side</p> <p>5 Not Applicable</p> <p>6 Unknown</p>	<p><b>4</b> <b>Air Bag Switch</b></p> <p>1 Not Present</p> <p>2 In On Position</p> <p>3 In Off Position</p> <p>4 Unknown</p>	<p><b>1</b> <b>Ejection</b></p> <p>1 Not Ejected</p> <p>2 Totally Ejected</p> <p>3 Partially Ejected</p> <p>4 Not Applicable</p> <p>5 Unknown</p>	<p><b>1</b> <b>Trapped</b></p> <p>1 Not Trapped</p> <p>2 Extricated By Mechanical Means</p> <p>3 Freed BY Non-Mechanical Means</p> <p>4 Unknown</p>	<p><b>6</b> <b>Injuries</b></p> <p>1 No Injury</p> <p>2 Possible</p> <p>3 Non-Incapacitating</p> <p>4 Incapacitating</p> <p>5 Fatal Injury</p> <p>6 Unknown</p>
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Supplement \* 'X' if Yes

Motorist / Non-Motorist

Occupant

<p><b>Unit Numbers</b></p> <p><b>01</b> <b>02</b></p> <p><b>Non-Motorist Location</b></p> <p><b>A</b> <b>B</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><b>42</b> <b>06</b></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><b>A</b> <b>B</b></p> <p>1 No  2 Yes  3 Unknown</p> <p><b>Damage Scale</b></p> <p><b>6</b> <b>3</b></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><b>Most Damaged Area</b></p> <p><b>09</b> <b>04</b></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><b>09</b> <b>04</b></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><b>3</b> <b>4</b></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></p> <p><b>Override/ Underride</b></p> <p><b>A</b> <b>B</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><b>01</b> <b>10</b></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><b>15</b> <b>01</b></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><b>A</b> <b>B</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><b>A</b> <b>B</b></p> <p><b>21</b> <b>20</b></p> <p><b>2</b> <b>2</b></p> <p><b>3</b> <b>3</b></p> <p><b>4</b> <b>4</b></p> <p><b>Non-Collision</b></p> <p>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  <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><b>1</b> <b>1</b></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><b>1</b> <b>1</b></p> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p> <p><b>Speed Detected</b></p> <p><b>A</b> <b>2</b></p> <p>1 Stated  2 Estimated Speed</p> <p><b>Speed</b></p> <p><b>0</b> <b>A</b></p> <p><b>0</b> <b>B</b></p>	<p><b>Posted Speed</b></p> <p><b>25</b> <b>25</b></p> <p><b>Traffic Control</b></p> <p><b>01</b> <b>01</b></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><b>21</b> <b>21</b></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><b>8</b> <b>B</b></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><b>6</b> <b>B</b></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><b>6</b> <b>B</b></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><b>A</b> <b>B</b></p> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p> <p><b>Alcohol Test Result</b></p> <p><b>A</b> <b>B</b></p>	<p><b>Drug Test Status</b></p> <p><b>6</b> <b>B</b></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><b>A</b> <b>B</b></p> <p>1 None  2 Blood  3 Urine  4 Other</p> <p><b>Drug Test 1&amp;2 Result</b></p> <p><b>A</b> <b>B</b></p> <p>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><b>01</b></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><b>1</b></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><b>1</b></p> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p> <p><b>Road Conditions</b></p> <p>Primary <b>01</b> Secondary <b>A</b> <b>B</b></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><b>11-463</b></p>					

# Narrative

Driver of unit # 1 was north bound on S. Main St. when it drifted to the left of the roadway and sideswiped unit # 2 which was legally parked. Information for unit #1 is unknown.

<b>Manner Of Collision or Impact</b> <input type="checkbox"/> 7 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	<b>School Bus Related</b> <input type="checkbox"/> 1 1 No 2 Yes, Directly Involved 3 Yes, Indirectly Involved 4 Unknown	<b>Diagram</b> 	Write an "N" on the compass diagram to indicate the direction of north.	
<b>Weather</b> <input type="checkbox"/> 01 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	<b>Work Zone Related</b> <input type="checkbox"/> 1 1 No 2 Yes 3 Unknown		<input type="checkbox"/> N N   	<b>NOT TO SCALE</b>
<b>Light Conditions</b> Primary <input type="checkbox"/> 1 Secondary <input type="checkbox"/> 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	<b>Type of Work Zone</b> <input type="checkbox"/> 1 1 Lane Closure 2 Lane Shift/Crossover 3 Work On Shoulder Or Median 4 Intermittent/Moving Work 5 Other		<b>Location Of Crash In</b> <input type="checkbox"/> 1 1 Before First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area	
	<b>Workers Present</b> <input type="checkbox"/> 1 1 No 2 Yes 3 Unknown			

<b>Truck/Bus</b> Unit # <input type="text"/>	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.	<b>A N D</b> 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.
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.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Cargo Body Type</b>	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	<b>Weight (GVWR)</b> <input type="checkbox"/> 1 Less/Equal 10,000 2 10,001 - 26,000 3 More Than 26,000	<b>CDL Class</b> <input type="checkbox"/> 1 Class A 2 Class B 3 Class C 4 Class M 5 Class D	<b>Hazardous Materials Placard</b> <input type="checkbox"/> 1 No 2 Yes 3 Unknown	<b>Hazardous Material Released</b> <input type="checkbox"/> 1 No 2 Yes 3 Not Applicable 4 Unknown

<b>Police Action</b>							
Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes	
12292011	1817	1819	1819	1845	20	45	
Officer's Name *	Badge # *	Checked By	Date Report Filed *				
Wolf, Troy	1F22	Diekman, Edward	12292011				
Report Taken By	Report Taken At	Supplement *	Local Report # *				
<input checked="" type="checkbox"/> 1 Police Agency <input type="checkbox"/> 2 Motorist	<input checked="" type="checkbox"/> 1 Scene <input type="checkbox"/> 2 Station <input type="checkbox"/> 3 Other	<input type="checkbox"/> X if Yes	11-463				