

OHIO

TRAFFIC CRASH REPORT

Local Report # *

12-001

Crash Severity

3 1 Fatal 3 PDO 2 Injury 4 Unknown

Private Property 'X' If Yes

Hit / Skip

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

01

Unit Error

01 98 = Animal 99 = Unknown

Date of Crash *

01022012

Time of Crash

1748

Day of Week

MON

City *

X

Village *

TWP *

Name (Of City, Village or Township) *

Franklin

County # *

83

Latitude

Longitude

CRASH OCCURRED ON

Prefix Crash Location

Park

AVE

Type Loc

1

Type Location Point Used

1 Named Street 3 Numbered Route 2 Numbered Street

LOCAL INFORMATION

AT / REFERENCE

Dist Reference

DR

Prefix

Reference

222

Ref Point

04

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 01 01

Name (Last, First, Middle)

DENNEY DAVID JOSEPH

Address (Street, City, State, Zip Code)

433 ROSE AVE

SABINA OH 45169

Social Security Number

Date of Birth

Age

Sex

Home Phone #

Work Phone #

08301990 21 M

(937) 527-7740

DL State

DL #

OH TF476371

LP State

LP #

OH FDM7170

Injured Taken By

1 None 2 EMS 3 Police

4 Other 5 Unknown

Transported By

Injured Taken To

Owner Name (if same, write "SAME")

MCDOWELL PAMELA J

Address (Street, City, State, Zip Code)

433 ROSE AVE

SABINA OH 45169

Year

Make

Model

Color

Insurance Company

Towing Service

Owner Phone #

2002

CHEV

CAV

SIL

Liberty Mutual

A-1 Industrial Inc W

Offense Charged

331.34

Offense Description

Failure To Maintain Control

Citation #

01206

Local Code? 'X' If Yes

X

Unit #

of Occ.

B

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 #

OH

LP State

LP #

FDM7170

Injured Taken By

1 None 2 EMS 3 Police

4 Other 5 Unknown

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

Unit #

of Occ.

C

Name (Last, First, Middle)

Home Phone #

Date of Birth

Age

Sex

Address (Street, City, State, Zip Code)

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

Transported By

Injured Taken To

Unit #

of Occ.

D

Name (Last, First, Middle)

Home Phone #

Date of Birth

Age

Sex

Address (Street, City, State, Zip Code)

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

Transported By

Injured Taken To

Motorist / Non-Motorist

Occupant

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

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

Air Bag 2 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown

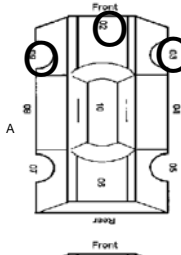
Air Bag Switch 1 1 Not Present 2 In On Position 3 In Off Position 4 Unknown

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

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

Injuries 2 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="01"/> <input type="text" value=""/> <input type="text" value=""/>	Damage Area 	Pre-Crash Actions <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/>	Sequence Of Events <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="45"/></td> <td><input type="text" value=""/> <input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/></td> </tr> </table>	A	B	<input type="text" value="45"/>	<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=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	Posted Speed <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/>	Drug Test Status <input type="text" value="1"/> <input type="text" value=""/>
A	B														
<input type="text" value="45"/>	<input type="text" value=""/> <input type="text" value=""/>														
<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>														
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<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>														
Non-Motorist Location <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <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="02"/> <input type="text" value=""/> <input type="text" value=""/>	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 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/Centerville 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="12"/> <input type="text" value=""/> <input type="text" value=""/> <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="1"/> <input type="text" value=""/> <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 Type <input type="text" value="1"/> <input type="text" value=""/> <p>1 None 2 Blood 3 Urine 4 Other</p>										
Type Of Unit <input type="text" value="02"/> <input type="text" value=""/> <input type="text" value=""/> <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</p>	Point Of Impact <input type="text" value="02"/> <input type="text" value=""/> <input type="text" value=""/> <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="15"/> <input type="text" value=""/> <input type="text" value=""/> <p>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</p>	First Harmful Event <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Direction From To From To <input type="text" value="34"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p>	Drug Test 1&2 Result <input type="text" value="12"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <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" value=""/> <input type="text" value=""/> <p>1 No 2 Yes 3 Unknown</p>	Action <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> <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>	Most Harmful Event <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Condition <input type="text" value="5"/> <input type="text" value=""/> <input type="text" value=""/> <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 <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <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="4"/> <input type="text" value=""/> <input type="text" value=""/> <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" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <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>	Alcohol/Drug Suspected <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <p>1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown</p>	Speed Detected <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <p>1 Stated 2 Estimated Speed</p>	Alcohol Test Status <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <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"/> <input type="text" value=""/> <input type="text" value=""/> <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p>										
Supplement * 'X' if Yes <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Local Report # * <input type="text" value="12-001"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Alcohol Test Type <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p>	Alcohol Test Result <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Road Conditions Primary <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> Secondary <input type="text" value=""/> <input type="text" value=""/> <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>											

Narrative

On January 2, 2012 I responded to 222 Park Ave. in reference to an auto crash into a dwelling. At 222 Park Ave there was a silver Chevrolet cavalier crashed into the east side of the residence. Contact was made with the driver; Mr. Joseph Denney, he was slightly disoriented and bleeding from his head. Mr. Denney was sent to Atrium via squad. The vehicle had disabling damage to the front, and both air bags were deployed. Ownership of the car came back to a Ms. Pamela Mcdowell, and proof of insurance was found in the passenger side glove box.

Contact with the owner of the residence was not able to be made directly, but a family member was reached. We were informed the owner was out of town.

The driver was not cited at the scene due to the injuries sustained from the accident. He was informed to come to the Franklin Police Dept. when released from Atrium Medical Center.

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

Truck/Bus 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.	AND 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"/>
Cargo Body Type	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Material Released			
<input type="checkbox"/> 01 Not Applicable <input type="checkbox"/> 02 Bus (9-15) Including Driver <input type="checkbox"/> 03 Van/Enclosed Box <input type="checkbox"/> 04 Grain/Chips/Gravel <input type="checkbox"/> 05 Pole <input type="checkbox"/> 06 Cargo Tan <input type="checkbox"/> 07 Flatbed <input type="checkbox"/> 08 Dump <input type="checkbox"/> 09 Concrete Mixer <input type="checkbox"/> 10 Auto Transporter <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Other <input type="checkbox"/> 13 Unknown	<input type="checkbox"/> 1 Less/Equal 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 More Than 26,000	<input type="checkbox"/> 1 Class A <input type="checkbox"/> 2 Class B <input type="checkbox"/> 3 Class C <input type="checkbox"/> 4 Class M <input type="checkbox"/> 5 Class D	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Unknown	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Not Applicable <input type="checkbox"/> 4 Unknown			

Police Action						
Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
01022012	1748	1748	1748	1904	30	106
Officer's Name *	Badge # *	Checked By	Date Report Filed *			
STEWART, RYAN	1F74	Smith, Terry	01022012			
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	12-001			