

# OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
12-011		3 1 Fatal 3 PDO 2 Injury 4 Unknown		X If Yes		1 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		02		01 98 = Animal 99 = Unknown		01132012									
Time of Crash		Day of Week		City *		Village *		TWP *		Name ( Of City, Village or Township ) *		County # *		Latitude		Longitude	
1558		FRI		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		
S MAIN ST			1					
AT / REFERENCE			Reference Point Used			04 House Number 08 Place Name W/O Reference		
Dist Reference DR Prefix Reference			Ref Point			01 State Line 05 Township Boundary 09 Driveway		
Aster's Auto			08			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 01				WARD PAUL S	
Address (Street, City, State, Zip Code)					
905 FOREST AV FRANKLIN OH 45005-0000					
Social Security Number		Date of Birth		Age	
		01221956		55	
Sex		Home Phone #		Work Phone #	
M		(937) 746-4393			
DL State DL #		LP State LP #		Injured Taken By	
OH RM414570		OH EYS2864		1 1 None 4 Other 2 EMS 5 Unknown 3 Police	
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)		
WARD PAUL S			905 FOREST AV FRANKLIN OH 45005-0000		
Year		Make		Model	
1990		CHEV			
Color		Insurance Company		Towing Service	
WHT		Pekin Insurance 937-746-1			
Owner Phone #		(937) 746-4393			
Offense Charged		Offense Description		Citation #	
331.08		Marked Lanes		00235	
Local Code? 'X' if Yes		X			

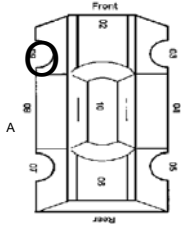
Motorist / Non-Motorist

Unit #		# of Occ.		Name (Last, First, Middle)	
B 02 03				RITCHIE TIMOTHY L	
Address (Street, City, State, Zip Code)					
463 LOWER CARLISLE RD CARLISLE OH 45005					
Social Security Number		Date of Birth		Age	
		11251970		41	
Sex		Home Phone #		Work Phone #	
M		(937) 305-7809			
DL State DL #		LP State LP #		Injured Taken By	
OH RM416586		OH FDB1956		1 1 None 4 Other 2 EMS 5 Unknown 3 Police	
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)		
			463 LOWER CARLISLE RD CARLISLE OH 45005		
Year		Make		Model	
2008		FORD			
Color		Insurance Company		Towing Service	
BLK		First Central Ins. 937-866-1			
Owner Phone #					
Offense Charged		Offense Description		Citation #	
Local Code? 'X' if Yes					

Occupant

Unit #		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex	
C 02		RITCHIE JATINA J		(937) 305-7809		11051968		43		F	
Address (Street, City, State, Zip Code)						Injured Taken By		Transported By		Injured Taken To	
463 LOWER CARLISLE RD CARLISLE OH 45005						1 1 None 4 Other 2 EMS 5 Unknown 3 Police					
Unit #		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex	
D 02		RITCHIE JUSTIN D				10102001		10		M	
Address (Street, City, State, Zip Code)						Injured Taken By		Transported By		Injured Taken To	
463 LOWER CARLISLE RD CARLISLE OH 45005						1 1 None 4 Other 2 EMS 5 Unknown 3 Police					

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

<p><b>Unit Numbers</b></p> <p><b>01</b> <b>02</b></p> <p><b>Non-Motorist Location</b></p> <p><b>05</b> <b>05</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>05</b> <b>07</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>1</b> <b>1</b></p> <p>1 No  2 Yes  3 Unknown</p> <p><b>Damage Scale</b></p> <p><b>2</b> <b>2</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>Diagram B: Front view of a vehicle showing damage area B on the right side.</b></p> <p><b>Most Damaged Area</b></p> <p><b>08</b> <b>07</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>08</b> <b>07</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: Override/ Underride</b></p> <p><b>1</b> <b>1</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>01</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>07</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>1</b> <b>1</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>20</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 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><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>2</b> <b>1</b></p> <p>1 Stated  2 Estimated Speed</p> <p><b>Speed</b></p> <p><b>30</b> <b>35</b></p>	<p><b>Posted Speed</b></p> <p><b>35</b> <b>35</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>2</b> <b>1</b> <b>1</b> <b>2</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>1</b> <b>1</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>1</b> <b>1</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>1</b> <b>1</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>1</b> <b>1</b></p> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p> <p><b>Alcohol Test Result</b></p> <p><b>1</b> <b>1</b></p>	<p><b>Drug Test Status</b></p> <p><b>1</b> <b>1</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>1</b> <b>1</b></p> <p>1 None  2 Blood  3 Urine  4 Other</p> <p><b>Drug Test 1&amp;2 Result</b></p> <p><b>1</b> <b>1</b></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>03</b> Secondary</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>12-011</b></p>	

# Narrative

Unit 1 was traveling northbound on South Main Street, Unit 2 was traveling southbound. Unit 1 went left of center and struck Unit 2 in the rear driver's side quarter-panel with his driver's side mirror, causing minor damage to both vehicles.

## Manner Of Collision or Impact



- 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

## 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



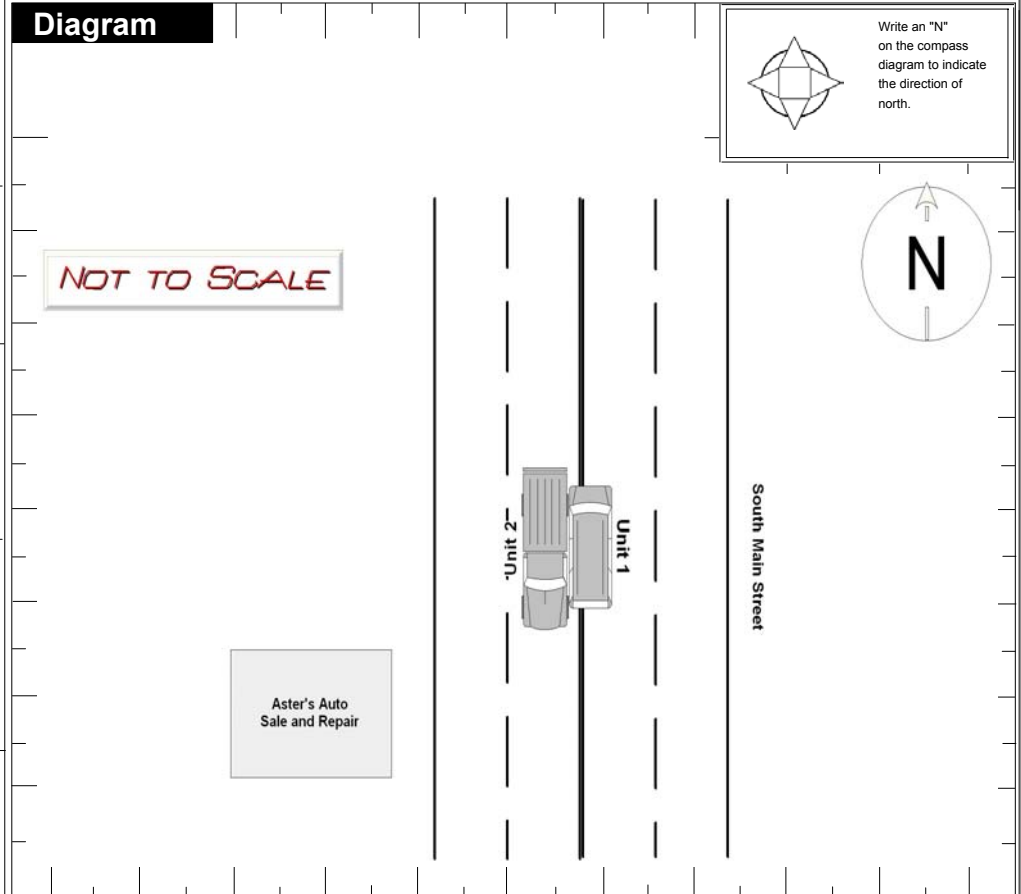
- 01 Clear
- 02 Cloudy
- 03 Fog, Smog, Smoke
- 04 Rain
- 05 Sleet, Hail (Freezing Rain Drizzle)
- 06 Snow
- 07 Severe Crosswinds
- 08 Blowing Sand, Soil, Dirt, Snow
- 09 Other
- 10 Unknown

## Light Conditions

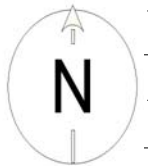


- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Dark - Lighted Roadway
- 5 Dark - Not Lighted
- 6 Dark - Unknown Lighting
- 7 Glare
- 8 Other
- 9 Unknown

## Diagram



Write an "N" on the compass diagram to indicate the direction of north.



## 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.

<b>Cargo Body Type</b> <input type="text"/>	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="text"/>	1 Less/Equal 10,000 2 10,001 - 26,000 3 More Than 26,000	<b>CDL Class</b> <input type="text"/>	1 Class A 2 Class B 3 Class C 4 Class M 5 Class D	<b>Hazardous Materials Placard</b> <input type="text"/>	1 No 2 Yes 3 Unknown	<b>Hazardous Material Released</b> <input type="text"/>	1 No 2 Yes 3 Not Applicable 4 Unknown
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## Police Action

Date Crash Reported: 01132012    Time Rec Call: 1558    Dispatch: 1558    Arrived: 1558    Cleared: 1620    Other: 60    Total Minutes: 82

Officer's Name: CRAIG, AMANDA    Badge #: 02101    Checked By: Diekman, Edward    Date Report Filed: 01132012

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 #: 12-011