

# OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
12-006		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		01		01 98 = Animal 99 = Unknown		01092012									
Time of Crash		Day of Week		City *		Village *		TWP *		Name ( Of City, Village or Township ) *		County # *		Latitude		Longitude	
1134		MON								Franklin		83					

<b>CRASH OCCURRED ON</b>			<b>Type Location Point Used</b>			<b>LOCAL INFORMATION</b>		
Prefix Crash Location			Type Loc			1 Named Street 3 Numbered Route		
Industrial DR						2 Numbered Street		
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		
141			04			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				PLANDOWSKI JOSHUA M	
Address (Street, City, State, Zip Code)					
6639 DAWN ST Franklin OH 45005-0000					

Social Security Number		Date of Birth		Age		Sex		Home Phone #		Work Phone #			
		11201993		18		M		(937) 405-9970					
DL State DL #		LP State LP #		Injured Taken By		1 None 4 Other 2 EMS 5 Unknown 3 Police		Transported By		Injured Taken To			
OH TS400865		OH CKR4014		1									
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)									
KUENLE ELYSE M				6639 DAWN ST FRANKLIN OH 45005									
Year		Make		Model		Color		Insurance Company		Towing Service		Owner Phone #	
1999		HOND		CIV		WHT		German Mutual				(937) 405-9970	
Offense Charged		Offense Description				Citation #				Local Code? 'X' If Yes			

Motorist / Non-Motorist

Unit #		# of Occ.		Name (Last, First, Middle)	
B					
Address (Street, City, State, Zip Code)					

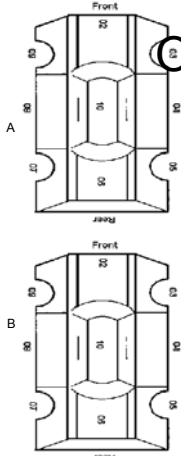
Social Security Number		Date of Birth		Age		Sex		Home Phone #		Work Phone #			
DL State DL #		LP State LP #		Injured Taken By		1 None 4 Other 2 EMS 5 Unknown 3 Police		Transported By		Injured Taken To			
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)									
Year		Make		Model		Color		Insurance Company		Towing Service		Owner Phone #	
Offense Charged		Offense Description				Citation #				Local Code? 'X' If Yes			

Occupant

Unit #		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex	
C											
Address (Street, City, State, Zip Code)						Injured Taken By		Transported By		Injured Taken To	
						1 None 4 Other 2 EMS 5 Unknown 3 Police					

Unit #		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex	
D											
Address (Street, City, State, Zip Code)						Injured Taken By		Transported By		Injured Taken To	
						1 None 4 Other 2 EMS 5 Unknown 3 Police					

<b>01</b> 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		<b>04</b> 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 <b>Non-Motorist</b> 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown		<b>1</b> Air Bag 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown		<b>4</b> Air Bag Switch 1 Not Present 2 In On Position 3 In Off Position 4 Unknown		<b>1</b> Ejection 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown		<b>1</b> Trapped 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown		<b>1</b> Injuries 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown	
A		B		C		D		E		F			
B		C		D		E		F		G			
C		D		E		F		G		H			
D		E		F		G		H		I			
Supplement * 'X' if Yes													

<b>Unit Numbers</b> <input type="text" value="01"/> <input type="text"/> <input type="text"/>	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> <input type="text" value="01"/> <input type="text"/> <input type="text"/>	<b>Sequence Of Events</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text"/>	<input type="text" value="20"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Posted Speed</b> <input type="text" value="25"/> <input type="text"/> <input type="text"/>	<b>Drug Test Status</b> <input type="text" value="1"/> <input type="text"/>
A	B														
<input type="text" value="20"/>	<input type="text"/>														
<input type="text" value="20"/>	<input type="text"/>														
<input type="text"/>	<input type="text"/>														
<input type="text"/>	<input type="text"/>														
<b>Non-Motorist Location</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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>	<b>Most Damaged Area</b> <input type="text" value="03"/> <input type="text"/> <input type="text"/>	<b>Motorist</b> 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	<b>Non-Collision</b> 01 Overtun/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	<b>Traffic Control</b> <input type="text" value="01"/> <input type="text"/> <input type="text"/> <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>	<b>Drug Test Type</b> <input type="text" value="1"/> <input type="text"/> <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>										
<b>Type Of Unit</b> <input type="text" value="02"/> <input type="text"/> <input type="text"/>	<b>Point Of Impact</b> <input type="text" value="03"/> <input type="text"/> <input type="text"/>	<b>Contributing Circumstances</b> <input type="text" value="15"/> <input type="text"/> <input type="text"/>	<b>Motorist</b> 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	<b>Direction</b> From To From To <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p>	<b>Drug Test 1&amp;2 Result</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None  2 Marijuana  3 Cocaine  4 Opiates  5 Amphetamines  6 PCP  7 Other  8 Unknown at Time Of Reporting</p>										
<b>Motorist</b> 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	<b>Action</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</p>	<b>Vehicle Defect Code Only If '19' Selected Above</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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>	<b>First Harmful Event</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	<b>Condition</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <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>	<b>Type of Intersection</b> <input type="text" value="01"/> <input type="text"/> <input type="text"/> <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>										
<b>In Emergency Response</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>1 No  2 Yes  3 Unknown</p>	<b>Striking Vehicle: Override/ Underride</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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>	<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	<b>Most Harmful Event</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Alcohol/Drug Suspected</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>1 None  2 Yes-Alcohol Suspected  3 Yes-HBD Not Impaired  4 Yes-Drugs Suspected  5 Yes-Alcohol / Drugs Suspected  6 Unknown</p>	<b>Occurrence</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>1 On Roadway  2 On Shoulder  3 In Median  4 On Roadside  5 On Gore  6 Outside Trafficway  7 Unknown</p>										
<b>Damage Scale</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<b>Alcohol Test Status</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <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>	<b>Speed Detected</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <p>1 Stated  2 Estimated Speed</p>	<b>Alcohol Test Type</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p>	<b>Alcohol Test Result</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p>	<b>Road Contour</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p>										
<b>Supplement * 'X' if Yes</b>		<b>Local Report # *</b>													
<input type="text" value="12-006"/>		<input type="text" value="12-006"/>													

# Narrative

Unit #1 was traveling Eastbound on Industrial Dr. , Lost control and drifted off the right side of the roadway where he struck a pole in front of 141 Industrial dr. Causing damage to Unit #1 and very minor damage to the pole.

## Manner Of Collision or Impact

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

## Weather

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

## Light Conditions

Primary: 1  
Secondary: 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

## 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

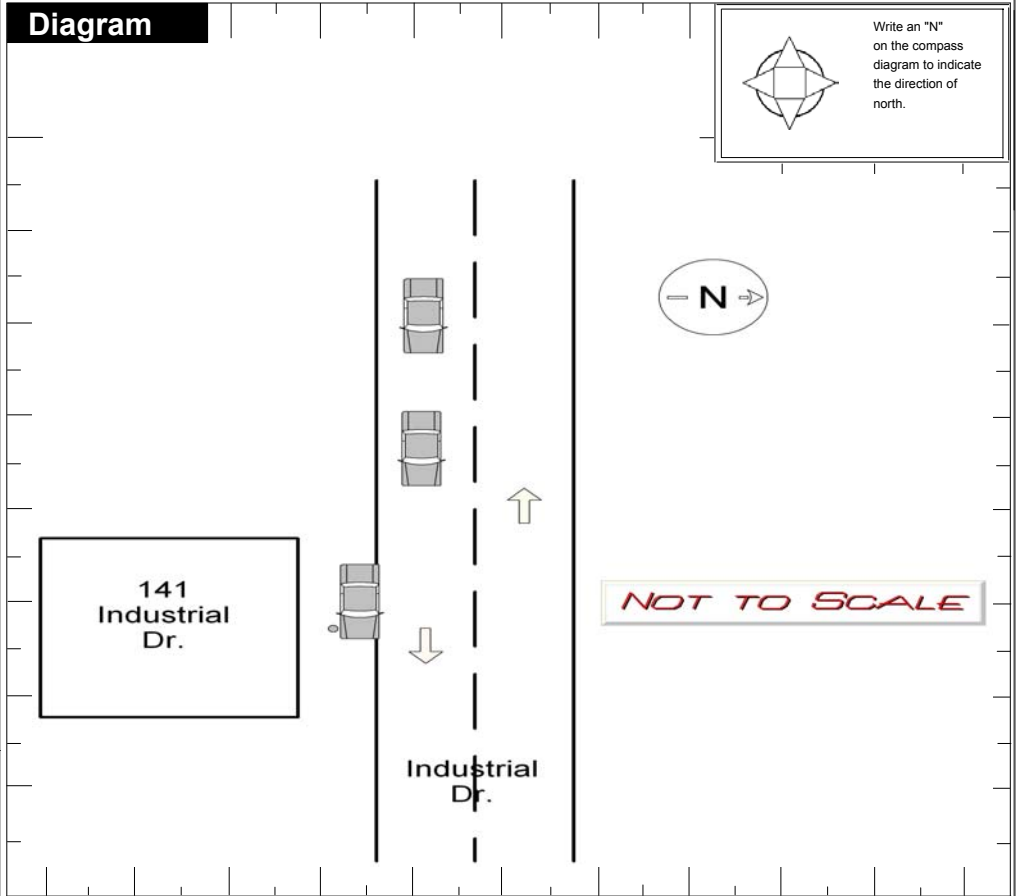
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## 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.

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: 01092012      Time Rec Call: 1134      Dispatch: 1134      Arrived: 1145      Cleared: 1203      Other: 45      Total Minutes: 74

Officer's Name \*

Back, Michael

Badge # \*

1F35

Checked By

Smith, Terry

Date Report Filed \*

01092012

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 # \*

12-006