

OHIO TRAFFIC CRASH REPORT

Local Report # *
11-235

Crash Severity
3 1 Fatal 3 PDO
2 Injury 4 Unknown

Private Property
X
If Yes

Hit / Skip
1 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
02

Unit Error
01 98 = Animal
99 = Unknown

Date of Crash *
07132011

Time of Crash
1423

Day of Week
WED

City *
X

Village *

TWP *

Name (Of City, Village or Township) *
Franklin

County # *
83

Latitude Longitude

CRASH OCCURRED ON

Prefix Crash Location
N ST RT 123

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
6830 N ST RT 123

Ref Point

01 State Line
02 Intersection 2 Streets
03 County Line
09

Reference Point Used
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)
LOGAN LARRY

Address (Street, City, State, Zip Code)
15255 CR 436 COFFEEVILLE MS 38922

Social Security Number Date of Birth Age Sex Home Phone # Work Phone #
800252102 10041963 47 M (662) 216-3443

DL State DL # LP State LP # Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured/Taken To
MS 800252102 ON C1968W

Owner Name (if same, write "SAME") Address (Street, City, State, Zip Code)
C A T TRUCKING INC 2665 ZINON CHURCH RD concord NC 28025

Year Make Model Color Insurance Company Towing Service Owner Phone #
2007 FREI RED/RED Zurich American Insurance (662) 216-3443

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

Unit # # of Occ.
B 02 01

Name (Last, First, Middle)
BERRY QUINNLAN M

Address (Street, City, State, Zip Code)
4825 TENSRAW DR DAYTON OH 45418

Social Security Number Date of Birth Age Sex Home Phone # Work Phone #
02221979 32 (937) 671-4742

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 RJ270687 OH AJ26UN

Owner Name (if same, write "SAME") Address (Street, City, State, Zip Code)
C.A.T. INC 4 RUE DU TRANSPORT COTEAU DU LAC QB

Year Make Model Color Insurance Company Towing Service Owner Phone #
2005 CHRY PT CR GRY American Family (662) 216-3443

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

Unit # # of Occ.
C

Name (Last, First, Middle)
TAULBEE ROBERT L

Home Phone #
(937) 469-4439

Date of Birth Age Sex
03101965 46 M

Address (Street, City, State, Zip Code)
29 HIGHRIDGE CT FRANKLIN OH 45005

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

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

01 Seating Position
01 Front - Left (MC Driver)
02 Front - Middle
03 Front - Right
01 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

04 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
04 Non-Motorist
08 Non Used
09 Helmet Used
10 Protective Pads
11 Reflective Clothing
12 Lighting
13 Other
14 Unknown

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

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

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

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

1 Injuries
1 No Injury
2 Possible
3 Non-Incapacitating
4 Incapacitating
5 Fatal Injury
6 Unknown

Supplement *
X* if Yes

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location 	Most Damaged Area 	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 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 	Drug Test Type
Type Of Unit 	Point Of Impact 	Contributing Circumstances 	Direction From To From To 	Condition 	Drug Test 1&2 Result
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 	Vehicle Defect Code Only If '19' Selected Above 	First Harmful Event 	Alcohol/Drug Suspected 	Occurrence
In Emergency Response 	Striking Vehicle: Override/ Underride 	Speed Detected 	Most Harmful Event 	Alcohol Test Status 	Road Contour
Damage Scale 	Striking Vehicle: Override/ Underride 	Speed 	Of the Sequence of Events - Which one is the First Harmful Event (1-4) 	Alcohol Test Type 	Road Conditions Primary Secondary
Damage Scale 01 None 02 Non-Functional Damage 03 Functional Damage 04 Disabling Damage 05 Severe 06 Unknown	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	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	Of the Sequence of Events - Which One is the Most Harmful event (1-4) 	1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown	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
Damage Scale 01 None 02 Non-Functional Damage 03 Functional Damage 04 Disabling Damage 05 Severe 06 Unknown	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	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	Alcohol Test Result 	01 None 02 Marijuana 03 Cocaine 04 Opiates 05 Amphetamines 06 PCP 07 Other 08 Unknown at Time Of Reporting	
Damage Scale 01 None 02 Non-Functional Damage 03 Functional Damage 04 Disabling Damage 05 Severe 06 Unknown	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	Supplement * 'X' if Yes 	Local Report # * 	Alcohol Test Result 	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

Narrative

Unit#2 stopped for traffic on SR-123 just in front of the Pilot Travel Center. Unit#1 was attempting to make a left turn into the parking lot of the Pilot Travel Center when the back left side tire's struck unit#2 vehicle.

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



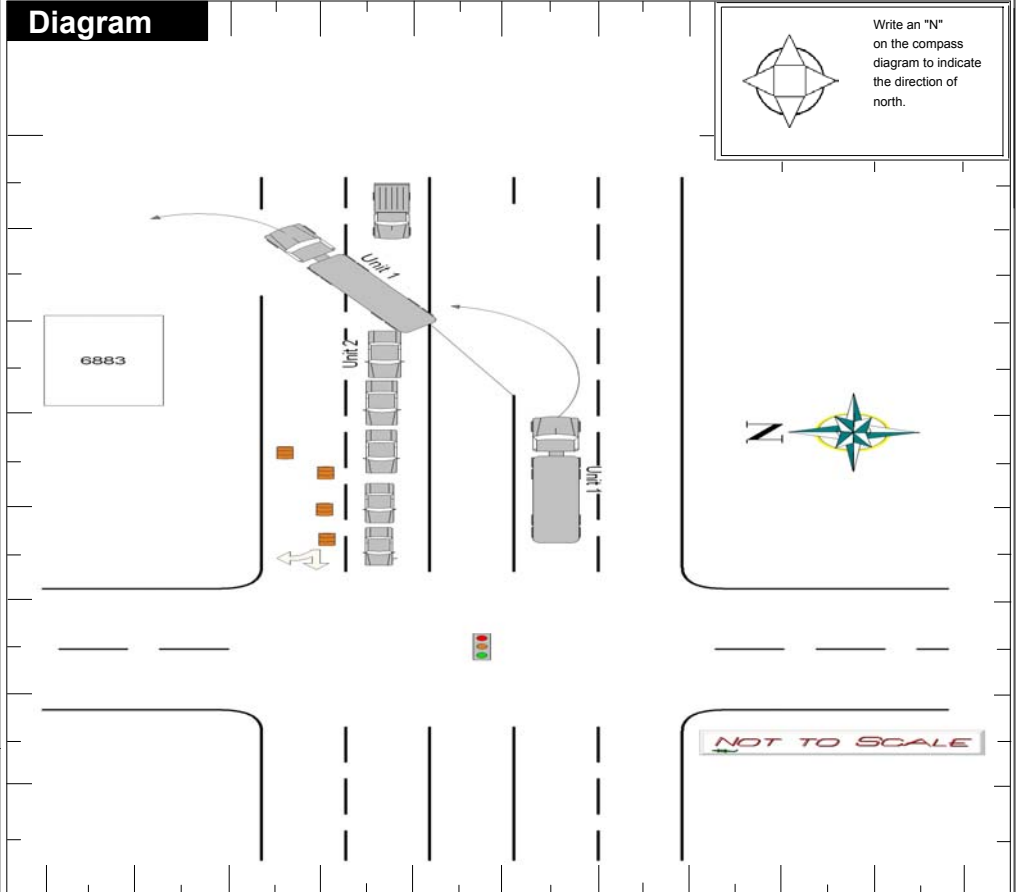
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present



- 1 No
- 2 Yes
- 3 Unknown

Diagram



Truck/Bus

Unit #

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.

Company (From Shipping Papers)

 Address (Street, City, St, Zip Code)

Company Phone

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: 07132011
 Time Rec Call: 1423
 Dispatch: 1429
 Arrived: 1442
 Cleared: 1459
 Other: 20
 Total Minutes: 50

Officer's Name: KEENE, CHRISTOPHER
 Badge #: 1F44
 Checked By: Smith, Terry
 Date Report Filed: 07132011

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 #: 11-235