

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-238	3 1 Fatal 3 PDO 2 Injury 4 Unknown	'X' If Yes	2 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	07192011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1521	TUE	X			Franklin	83		

CRASH OCCURRED ON			Type Location Point Used		LOCAL INFORMATION		
Prefix	Crash Location	Type Loc	1 Named Street	3 Numbered Route			
E	2ND	ST	2	2 Numbered Street			
AT / REFERENCE			Reference Point Used		Reference Point Used		
Dist Reference	DR	Prefix	Reference	Ref Point	04 House Number	08 Place Name W/O Reference	
			Commerce Center Dr.	02	01 State Line	05 Township Boundary	09 Driveway
					02 Intersection 2 Streets	06 Mile Post	10 Street or Route W/O Reference
					03 County Line	07 Corporation Limit	

A	Unit #	# of Occ.	Name (Last, First, Middle)				
	01	01	SEXTON CHERIE L				
Address (Street, City, State, Zip Code)							
815 DUBOIS CT Franklin OH 45005-0000							
Social Security Number		Date of Birth	Age	Sex	Home Phone #	Work Phone #	
		12031973	37	F	(937) 746-8134		
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	RU211658	OH	FCZ7427				
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)			
SEXTON HARLAN				7884 KAYE DR FRANKLIN OH 45005-0000			
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #	
1992	OLDS	CUT	TUR	MEEKER & MEEKER INS		(937) 746-8134	
Offense Charged		Offense Description			Citation #	Local Code? 'X' If Yes	
335.12		Leaving Scene Of Crash-roadway			01629	X	

Motorist / Non-Motorist

B	Unit #	# of Occ.	Name (Last, First, Middle)				
	02	01	LILLY HEATHER N				
Address (Street, City, State, Zip Code)							
44 REDINGTON CT WEST CARROLLTON OH 45449							
Social Security Number		Date of Birth	Age	Sex	Home Phone #	Work Phone #	
		10201984	26	F			
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	SH334920	OH	FHA3654				
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)			
LILLY HEATHER N				44 REDINGTON CT WEST CARROLLTON OH 45449			
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #	
1995	HOND		RED	NATIONWIDE MUTUAL			
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	Transported By	Injured Taken To	
				1 None 4 Other 2 EMS 5 Unknown 3 Police			
D	Unit #	Name (Last, First, Middle)		Home Phone #	Date of Birth	Age	Sex
Address (Street, City, State, Zip Code)				Injured Taken By	Transported By	Injured Taken To	
				1 None 4 Other 2 EMS 5 Unknown 3 Police			

01 A	04 A	1 A	4 A	1 A	1 A	1 A
01 B	04 B	1 B	4 B	1 B	1 B	1 B
01 C	04 C	1 C	4 C	1 C	1 C	1 C
01 D	04 D	1 D	4 D	1 D	1 D	1 D

Seating Position	Safety Equipment Motorist	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
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	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	1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	1 Not Present 2 In On Position 3 In Off Position 4 Unknown	1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	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 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 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 		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	Point Of Impact 	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	First Harmful Event 	Alcohol/Drug Suspected 	Type of Intersection
In Emergency Response 	Action 	Vehicle Defect Code Only If '19' Selected Above 	Most Harmful Event 	Alcohol Test Status 	Occurrence
Damage Scale 	Striking Vehicle: Override/ Underride 	Non-Motorist 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	Speed Detected 	Alcohol Test Type 	Road Contour
Damage Scale 01 None 02 Non-Functional Damage 03 Functional Damage 04 Disabling Damage 05 Severe 06 Unknown	Striking Vehicle: Override/ Underride 01 No Underride Or Override 02 Underride, Compartment Intrusion 03 Underride, No Compartment Intrusion 04 Underride, Compartment Intrusion Unknown 05 Override, Motor Vehicle In Transport 06 Override , Other Vehicle 07 Unknown	Non-Motorist 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	Speed 	Alcohol Test Result 	Road Conditions Primary Secondary
Supplement * 'X' if Yes 					

Narrative

On 07-19-11 I responded to 207 E. 2nd. St. in reference to a traffic crash report. Upon my arrival I made contact with the driver of unit 2 who advised that earlier they were involved in a traffic crash at the intersection of E. 2nd. St. and Commerce Center. The driver of unit 2 stated that when the driver of unit 1 found out the police were being called they fled the scene.

I was later able to make contact with unit 1 driver who advised they were involved with the accident but got scared and left. Unit 1 driver was issued a citation for leaving the scene of an accident, I cleared with an OH-1.

Manner Of Collision or Impact 2 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 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 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 1 1 No 2 Yes 3 Unknown			
Light Conditions Primary 1 Secondary <input type="checkbox"/> 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 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 Before First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area			
	Workers Present <input type="checkbox"/> 1 No 2 Yes 3 Unknown			

Truck/Bus Unit # <input type="text"/> Company (From Shipping Papers) <input type="text"/> Address (Street, City, St, Zip Code) <input type="text"/> Company Phone <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.	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.
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US DOT <input type="text"/>	ICC MC <input type="text"/>	PUCO <input type="text"/>	Trailer LP St. <input type="text"/>	Trailer LP Year <input type="text"/>	Trailer LP # <input type="text"/>	Placard # <input type="text"/>	# Dia. <input type="text"/>
Cargo Body Type <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	Weight (GVWR) <input type="text"/> 1 Less/Equal 10,000 2 10,001 - 26,000 3 More Than 26,000	CDL Class <input type="text"/> 1 Class A 2 Class B 3 Class C 4 Class M 5 Class D	Hazardous Materials Placard <input type="text"/> 1 No 2 Yes 3 Unknown	Hazardous Material Released <input type="text"/> 1 No 2 Yes 3 Not Applicable 4 Unknown			

Police Action Date Crash Reported: 07192011 Time Rec. Call: 1521 Dispatch: 1523 Arrived: 1532 Cleared: 1547 Other: 30 Total Minutes: 54	Officer's Name: SHANNON, JESSE Badge #: 1F47 Checked By: Smith, Terry Date Report Filed: 07192011	Report Taken By: 1 1 Police Agency Report Taken At: 1 1 Scene Supplement: <input type="checkbox"/> X if Yes Local Report #: 11-238
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