

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-389	2 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	11112011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1411	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	1084.00 E SECOND ST	
E	Second	ST			
AT / REFERENCE			Reference Point Used		
Dist Reference	DR	Prefix	Reference	Ref Point	04
			1084		

A	Unit #	# of Occ.	Name (Last, First, Middle)				
	01	01	ABNER LUCY				
Address (Street, City, State, Zip Code)							
950 MARTY LEE LN CARLISLE OH 45005							
Social Security Number		Date of Birth	Age	Sex	Home Phone #	Work Phone #	
		04021938	73	F	(937) 746-0987		
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	RU210995	OH	CA46PE	1			
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)				
ABNER CLIFFORD			950 MARTY LEE LN CARLISLE OH 45005-0000				
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #	
2000	FORD	WIN	GRN	Vision Ins	Steve's Towing & R		
Offense Charged		Offense Description		Citation #	Local Code? 'X' if Yes		
331.17		Right Of Way Turning Left		01047	X		

B	Unit #	# of Occ.	Name (Last, First, Middle)				
	02	01	PRICHARD PAULA J				
Address (Street, City, State, Zip Code)							
4893 ROBINSON VAIL RD Franklin OH 45005-0000							
Social Security Number		Date of Birth	Age	Sex	Home Phone #	Work Phone #	
		09281961	50	F	(937) 746-4667		
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	RS415233	OH	BCV5663	1			
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)				
PRICHARD PAULA J			4893 ROBINSON VAIL RD Franklin OH 45005-0000				
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #	
1999	OLDS	SILHO	BLU	NationWide		(937) 746-4667	
Offense Charged		Offense Description		Citation #	Local Code? 'X' if Yes		

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

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location 		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 	01 None 02 Test Refused 03 Test Given, Contaminated Sample/Unusable 04 Test Given, Results Known 05 Test Given, Results Unknown 06 Unknown Drug Test Type
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	Most Damaged Area 	Contributing Circumstances 	Direction From To 	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	Drug Test 1&2 Result
Type Of Unit 		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	Collisions 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	Condition 	01 None 02 Marijuana 03 Cocaine 04 Opiates 05 Amphetamines 06 PCP 07 Other 08 Unknown at Time Of Reporting
	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
	Action 	Vehicle Defect Code Only If '19' Selected Above 	Of the Sequence of Events - Which one is the First Harmful Event (1-4) Most Harmful Event 	Alcohol Test Status 	Occurrence
In Emergency Response 	Striking Vehicle: Override/ Underride 	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) Speed Detected 	01 None 02 Test Refused 03 Test Given, Contaminated Sample/Unusable 04 Test Given, Results Known 05 Test Given, Results Unknown 06 Unknown Alcohol Test Type 	Road Contour
Damage Scale 	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	Speed 	1 Stated 2 Estimated Speed Alcohol Test Result 	01 None 04 Breath 02 Blood 03 Urine 05 Other	Road Conditions Primary Secondary
			Supplement * 'X' if Yes 	Local Report # * 	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 # 1 was west bound on Second St, Unit #2 was east bound on Second St. Unit #1 turned left from the turn lane to enter Main St Market, in the path of unit #2 causing the accident.

Manner Of Collision or Impact

6

- 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 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 Lane Closure
- 2 Lane Shift/Crossover
- 3 Work On Shoulder Or Median
- 4 Intermittent/Moving Work
- 5 Other

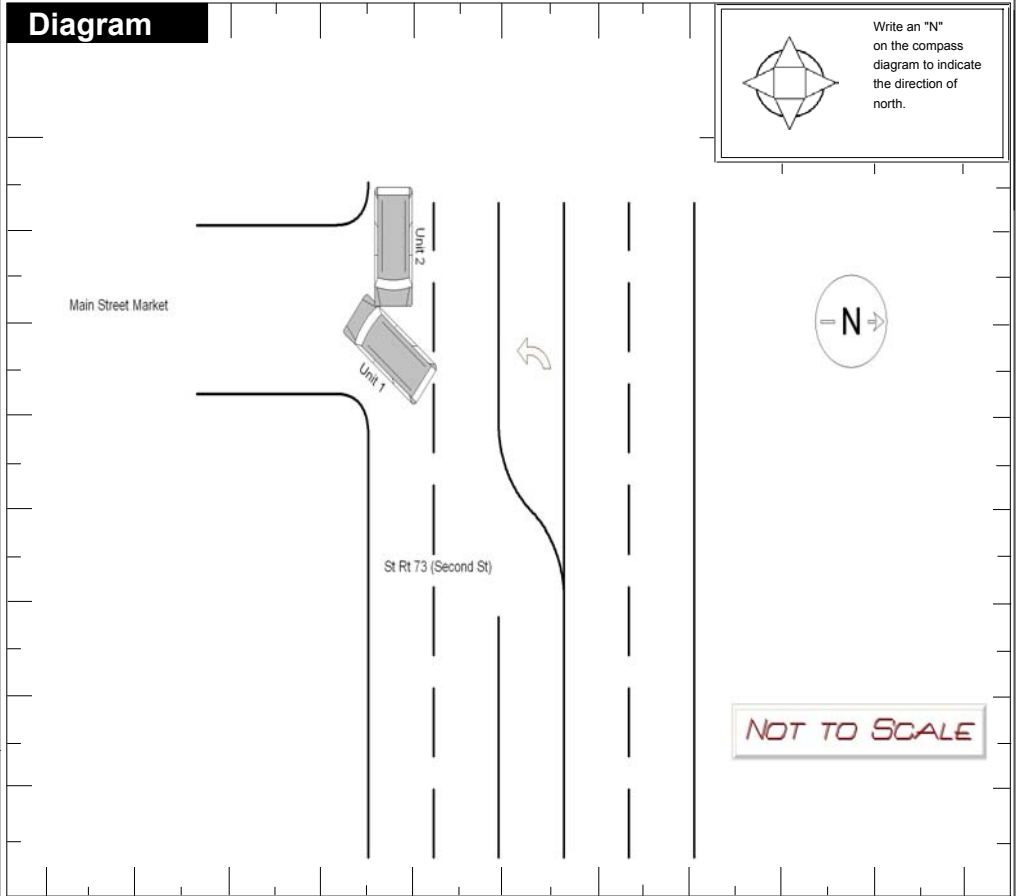
Location Of Crash In

- 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



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



NOT TO SCALE

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: 11112011 Time Rec Call: 0000 Dispatch: 1232 Arrived: 1235 Cleared: 1255 Other: 25 Total Minutes: 48

Officer's Name *

Smith, Terry

Badge # *

1F32

Checked By

Smith, Terry

Date Report Filed *

11112011

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 # *

11-389