

# OHIO TRAFFIC CRASH REPORT



Local Report # \*  
**11-390**

Crash Severity  
**3** 1 Fatal 3 PDO  
2 Injury 4 Unknown

Private Property  
'X'   
If Yes

Hit / Skip  
**3** 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  
**01**

Unit Error  
**99** 98 = Animal  
99 = Unknown

Date of Crash \*  
**11132011**

Time of Crash **1207** Day of Week **SUN** City \*  Village \*  TWP \*  Name ( Of City, Village or Township ) \* **Franklin** County # \* **83** Latitude  Longitude

**CRASH OCCURRED ON**  
Prefix Crash Location **E 4th ST** Type Loc **3** Type Location Point Used  
1 Named Street 3 Numbered Route  
2 Numbered Street

**LOCAL INFORMATION**

**AT / REFERENCE**  
Dist Reference  DR  Prefix Reference **E E 4th St** Ref Point **04** Reference Point Used  
01 State Line 04 House Number 08 Place Name W/O Reference  
02 Intersection 2 Streets 05 Township Boundary 09 Driveway  
03 County Line 06 Mile Post 10 Street or Route W/O Reference  
07 Corporation Limit

**A** Unit # **01** # of Occ.  Name (Last, First, Middle)   
Address (Street, City, State, Zip Code)

Social Security Number  Date of Birth  Age  Sex  Home Phone #  Work Phone #

DL State  DL #  LP State **OH** LP # **FBU3776** Injured Taken By  1 None 4 Other  
2 EMS 5 Unknown Transported By  Injured Taken To

Owner Name (if same, write "SAME") **MAINES ROBIN L** Address( Street, City, State, Zip Code) **667 E 4TH ST FRANKLIN OH 45005**  
Year **2005** Make **PONI** Model **SUNFI** Color **MAR** Insurance Company  Towing Service  Owner Phone # **(513) 320-5986**

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

**B** Unit #  # of Occ.  Name (Last, First, Middle)   
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 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

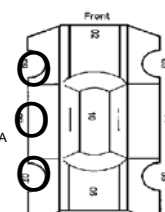
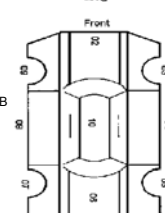
**C** Unit #  Name (Last, First, Middle)  Home Phone #  Date of Birth  Age  Sex   
Address (Street, City, State, Zip Code)  Injured Taken By  1 None 4 Other  
2 EMS 5 Unknown Transported By  Injured Taken To

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

Motorist / Non-Motorist

Occupant

<b>Seating Position</b> <input type="checkbox"/> A 01 Front - Left ( MC Driver) <input type="checkbox"/> B 02 Front - Middle <input type="checkbox"/> C 03 Front - Right <input type="checkbox"/> D 04 Second - Left ( MC Pass) <input type="checkbox"/> 05 Second - Middle <input type="checkbox"/> 06 Second - Right <input type="checkbox"/> 07 Third - Left <input type="checkbox"/> 08 Third - Middle <input type="checkbox"/> 09 Third - Right <input type="checkbox"/> 10 Sleeper Section Of Cab <input type="checkbox"/> 11 Enclosed Cargo Area <input type="checkbox"/> 12 Unenclosed Cargo Area <input type="checkbox"/> 13 Trailing Unit <input type="checkbox"/> 14 Exterior <input type="checkbox"/> 15 Other <input type="checkbox"/> 16 Non-Motorist <input type="checkbox"/> 17 Unknown	<b>Safety Equipment</b> <b>Motorist</b> <input type="checkbox"/> A 01 None Used <input type="checkbox"/> B 02 Shoulder Belt Only <input type="checkbox"/> C 03 Lap Belt Only <input type="checkbox"/> D 04 Shoulder /Lap Belt <input type="checkbox"/> 05 Child Safety Seat <input type="checkbox"/> 06 MC Helmet Used <input type="checkbox"/> 07 Use Unknown <b>Non-Motorist</b> <input type="checkbox"/> 08 Non Used <input type="checkbox"/> 09 Helmet Used <input type="checkbox"/> 10 Protective Pads <input type="checkbox"/> 11 Reflective Clothing <input type="checkbox"/> 12 Lighting <input type="checkbox"/> 13 Other <input type="checkbox"/> 14 Unknown	<b>Air Bag</b> <input type="checkbox"/> A 1 Not Deployed <input type="checkbox"/> B 2 Deployed-Front <input type="checkbox"/> C 3 Deployed-Side <input type="checkbox"/> D 4 Deployed Both Front/Side <input type="checkbox"/> 5 Not Applicable <input type="checkbox"/> 6 Unknown	<b>Air Bag Switch</b> <input type="checkbox"/> A 1 Not Present <input type="checkbox"/> B 2 In On Position <input type="checkbox"/> C 3 In Off Position <input type="checkbox"/> D 4 Unknown	<b>Ejection</b> <input type="checkbox"/> A 1 Not Ejected <input type="checkbox"/> B 2 Totally Ejected <input type="checkbox"/> C 3 Partially Ejected <input type="checkbox"/> D 4 Not Applicable <input type="checkbox"/> 5 Unknown	<b>Trapped</b> <input type="checkbox"/> A 1 Not Trapped <input type="checkbox"/> B 2 Extricated By Mechanical Means <input type="checkbox"/> C 3 Freed BY Non-Mechanical Means <input type="checkbox"/> D 4 Unknown	<b>Injuries</b> <input type="checkbox"/> A 1 No Injury <input type="checkbox"/> B 2 Possible <input type="checkbox"/> C 3 Non-Incapacitating <input type="checkbox"/> D 4 Incapacitating <input type="checkbox"/> 5 Fatal Injury <input type="checkbox"/> 6 Unknown	Supplement * 'X' if Yes <input type="checkbox"/>
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<b>Unit Numbers</b> <input type="text" value="01"/> <input type="text"/> <input type="text"/>	<b>Damage Area</b>   <b>Most Damaged Area</b> <input type="text" value="08"/> <input type="text"/> <input type="text"/>	<b>Pre-Crash Actions</b> <input type="text" value="10"/> <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"/></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> <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"/>	<input type="text"/>	<input type="text"/>	<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"/> <input type="text"/>
A	B																
<input type="text" value="20"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<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"/> 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	<b>Motorist</b> 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	<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 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 <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"/> 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	<b>Drug Test Type</b> <input type="text"/> <input type="text"/> 01 None 02 Test Refused 03 Test Given, Contaminated Sample/Unusable 04 Test Given, Results Known 05 Test Given, Results Unknown 06 Unknown <b>Drug Test 1&amp;2 Result</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 None 02 Marijuana 03 Cocaine 04 Opiates 05 Amphetamines 06 PCP 07 Other 08 Unknown at Time Of Reporting												
<b>Type Of Unit</b> <input type="text" value="02"/> <input type="text"/> <input type="text"/> <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>Point Of Impact</b> <input type="text" value="08"/> <input type="text"/> <input type="text"/> 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	<b>Contributing Circumstances</b> <input type="text" value="01"/> <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>First Harmful Event</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> Of the Sequence of Events - Which one is the First Harmful Event (1-4)	<b>Direction</b> From To From To <input type="text" value="34"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 North 02 South 03 East 04 West 05 Northeast 06 Northwest 07 Southeast 08 Southwest 09 Unknown	<b>Type of Intersection</b> <input type="text" value="01"/> <input type="text"/> <input type="text"/> 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												
<b>In Emergency Response</b> <input type="text"/> <input type="text"/> <input type="text"/> 01 No 02 Yes 03 Unknown	<b>Action</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/> 01 Non-Contact 02 Non-Collision 03 Striking 04 Struck 05 Both Striking And Struck 06 Unknown	<b>Vehicle Defect Code Only If '19' Selected Above</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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	<b>Most Harmful Event</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> Of the Sequence of Events - Which One is the Most Harmful event (1-4)	<b>Condition</b> <input type="text"/> <input type="text"/> 01 Apparently Normal 02 Physical Impairment 03 Emotional 04 Illness 05 Fell Asleep, Fainted, Fatigued, Etc. 06 Under The Influence Of Medications/Drugs/Alcohol 07 Other 08 Unknown	<b>Alcohol/Drug Suspected</b> <input type="text"/> <input type="text"/> 01 None 02 Yes-Alcohol Suspected 03 Yes-HBD Not Impaired 04 Yes-Drugs Suspected 05 Yes-Alcohol / Drugs Suspected 06 Unknown <b>Alcohol Test Status</b> <input type="text"/> <input type="text"/> 01 None 02 Test Refused 03 Test Given, Contaminated Sample/Unusable 04 Test Given, Results Known 05 Test Given, Results Unknown 06 Unknown <b>Alcohol Test Type</b> <input type="text"/> <input type="text"/> 01 None 02 Blood 03 Urine 04 Breath 05 Other	<b>Road Contour</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 01 Straight Level 02 Straight Grade 03 Curve Level 04 Curve Grade <b>Road Conditions</b> Primary <input type="text" value="01"/> <input type="text"/> <input type="text"/> <input type="text"/> Secondary <input type="text"/> <input type="text"/> 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											
<b>Damage Scale</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> 01 None 02 Non-Functional Damage 03 Functional Damage 04 Disabling Damage 05 Severe 06 Unknown	<b>Striking Vehicle: Override/ Underride</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 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		<b>Speed Detected</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 01 Stated 02 Estimated Speed <b>Speed</b> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>Alcohol Test Result</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Supplement * 'X' if Yes</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Local Report # *</b> <input type="text" value="11-390"/> <input type="text"/> <input type="text"/> <input type="text"/>												

# Narrative

Unit#1 was parked on the roadway in front of 667 E. 4th St and was struck some time on 11/12/2011 by an unknown person.

## 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

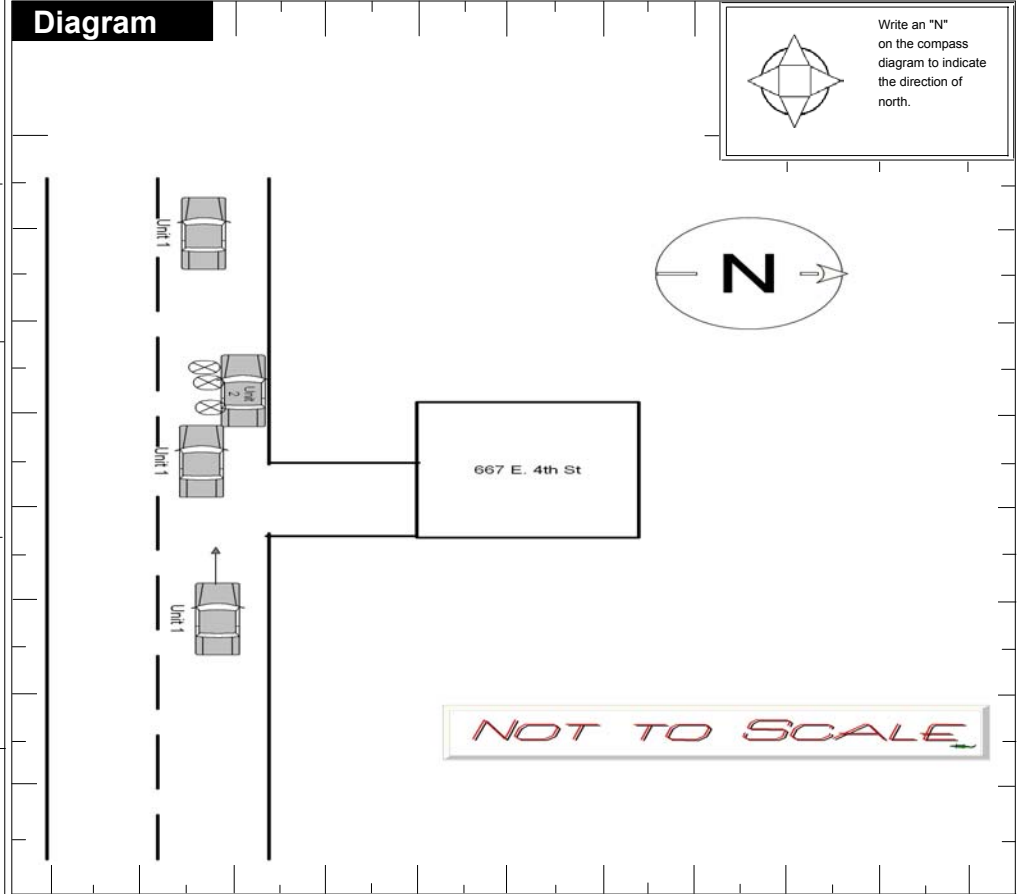
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## 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 #

1

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: 11132011 Time Rec Call: 1126 Dispatch: 1126 Arrived: 1130 Cleared: 1135 Other: 20 Total Minutes: 29

Officer's Name \*

KEENE, CHRISTOPHER

Badge # \*

1F44

Checked By

Diekman, Edward

Date Report Filed \*

11132011

Report Taken By

- 1 Police Agency
- 2 Motorist

Report Taken At

- 1 Scene
- 2 Station
- 3 Other

Supplement \*

X' if Yes

Local Report # \*

11-390