

# OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-396	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	02	01 98 = Animal 99 = Unknown	11182011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
0804	FRI	X			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 2 Numbered Street		
	Anderson ST	1			
<b>AT / REFERENCE</b>			<b>Reference Point Used</b>		
Dist Reference	DR	Prefix	Reference	Ref Point	04 House Number 08 Place Name W/O Reference 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
		E	6th St	02	

Unit #	# of Occ.	Name (Last, First, Middle)	
A 01 01		COLLINS JOSHUA L	
Address (Street, City, State, Zip Code)			
5528 ST RT 123 FRANKLIN OH 45005			

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	04261994	17	M	(937) 743-1186	
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police
OH	TT664914	OH	FDQ5599		

Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)				
MASSIE PATRICIA L		5528 ST RT 123 FRANKLIN OH 45005				
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1989	HOND	CIV	BLK/BLK	Metropolitan Group	McDaniels Towing	(937) 743-1186

Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes
331.17	Right Of Way Turning Left	01734	X

Unit #	# of Occ.	Name (Last, First, Middle)	
B 02 02		PRATER JENNIFER N	
Address (Street, City, State, Zip Code)			
102 HIGHLAND AV Franklin OH 45005-0000			

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	03021983	28	F	(937) 704-9492	
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police
OH	RW330732	OH	APRDMOM		

Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)				
PRATER JENNIFER N		102 HIGHLAND AV Franklin OH 45005-0000				
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
2003	PONI	GR AM	BLK/BLK	MetLige Auto & Home		(937) 704-9492

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

Unit #	# of Occ.	Name (Last, First, Middle)		Home Phone #	Date of Birth	Age	Sex
C 02		PRATER ELI C		(937) 704-9492	05132006	05	M
Address (Street, City, State, Zip Code)				Injured Taken By	Transported By	Injured Taken To	
102 HIGHLAND ST FRANKLIN OH 45005				1 None 4 Other 2 EMS 5 Unknown 3 Police			

Unit #	# of Occ.	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> 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> <b>Safety Equipment Motorist</b> 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> <b>Air Bag</b> 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	<b>1</b> <b>Air Bag Switch</b> 1 Not Present 2 In On Position 3 In Off Position 4 Unknown	<b>1</b> <b>Ejection</b> 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	<b>1</b> <b>Trapped</b> 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	<b>1</b> <b>Injuries</b> 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown
						Supplement * 'X' if Yes

Motorist / Non-Motorist

Occupant

**Unit Numbers**

**Non-Motorist Location**

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

**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

**In Emergency Response**

1 No  
 2 Yes  
 3 Unknown

**Damage Scale**

1 None  
 2 Non-Functional Damage  
 3 Functional Damage  
 4 Disabling Damage  
 5 Severe  
 6 Unknown

**Damage Area**

**Most Damaged Area**

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

**Point Of Impact**

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

**Action**

1 Non-Contact  
 2 Non-Collision  
 3 Striking  
 4 Struck  
 5 Both Striking And Struck  
 6 Unknown

**Striking Vehicle: Override/ Underride**

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

**Vehicle Defect Code Only If '19' Selected Above**

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

**Pre-Crash Actions**

**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

**Contributing Circumstances**

**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

**Sequence Of Events**

A  B

**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

**First Harmful Event**

Of the Sequence of Events - Which one is the First Harmful Event (1-4)

**Most Harmful Event**

Of the Sequence of Events - Which One is the Most Harmful event (1-4)

**Speed Detected**

1 Stated  
 2 Estimated Speed

**Speed**

**Posted Speed**

**Traffic Control**

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

**Direction**

From  To  From  To

1 North  
 2 South  
 3 East  
 4 West  
 5 Northeast  
 6 Northwest  
 7 Southeast  
 8 Southwest  
 9 Unknown

**Condition**

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

**Alcohol/Drug Suspected**

1 None  
 2 Yes-Alcohol Suspected  
 3 Yes-HBD Not Impaired  
 4 Yes-Drugs Suspected  
 5 Yes-Alcohol / Drugs Suspected  
 6 Unknown

**Alcohol Test Status**

1 None  
 2 Test Refused  
 3 Test Given, Contaminated Sample/Unusable  
 4 Test Given, Results Known  
 5 Test Given, Results Unknown  
 6 Unknown

**Alcohol Test Type**

1 None  
 2 Blood  
 3 Urine  
 4 Breath  
 5 Other

**Alcohol Test Result**

**Drug Test Status**

1 None  
 2 Test Refused  
 3 Test Given, Contaminated Sample/Unusable  
 4 Test Given, Results Known  
 5 Test Given, Results Unknown  
 6 Unknown

**Drug Test Type**

1 None  
 2 Blood  
 3 Urine  
 4 Other

**Drug Test 1&2 Result**

1 None  
 2 Marijuana  
 3 Cocaine  
 4 Opiates  
 5 Amphetamines  
 6 PCP  
 7 Other  
 8 Unknown at Time Of Reporting

**Type of Intersection**

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

**Occurrence**

1 On Roadway  
 2 On Shoulder  
 3 In Median  
 4 On Roadside  
 5 On Gore  
 6 Outside Trafficway  
 7 Unknown

**Road Contour**

1 Straight Level  
 2 Straight Grade  
 3 Curve Level  
 4 Curve Grade

**Road Conditions**

Primary  Secondary

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

**Supplement \* 'X' if Yes**

**Local Report # \***

# Narrative

Unit#2 traveling northbound on Anderson St. Unit#1 traveling southbound on Anderson St. Unit#2 entered into the intersection to cross over E. 6th St when Unit#1 attempted to make a left turn from Anderson St onto E. 6th St failing to yield the right of way causing Unit#2 to strike Unit#1.

## 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

- 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

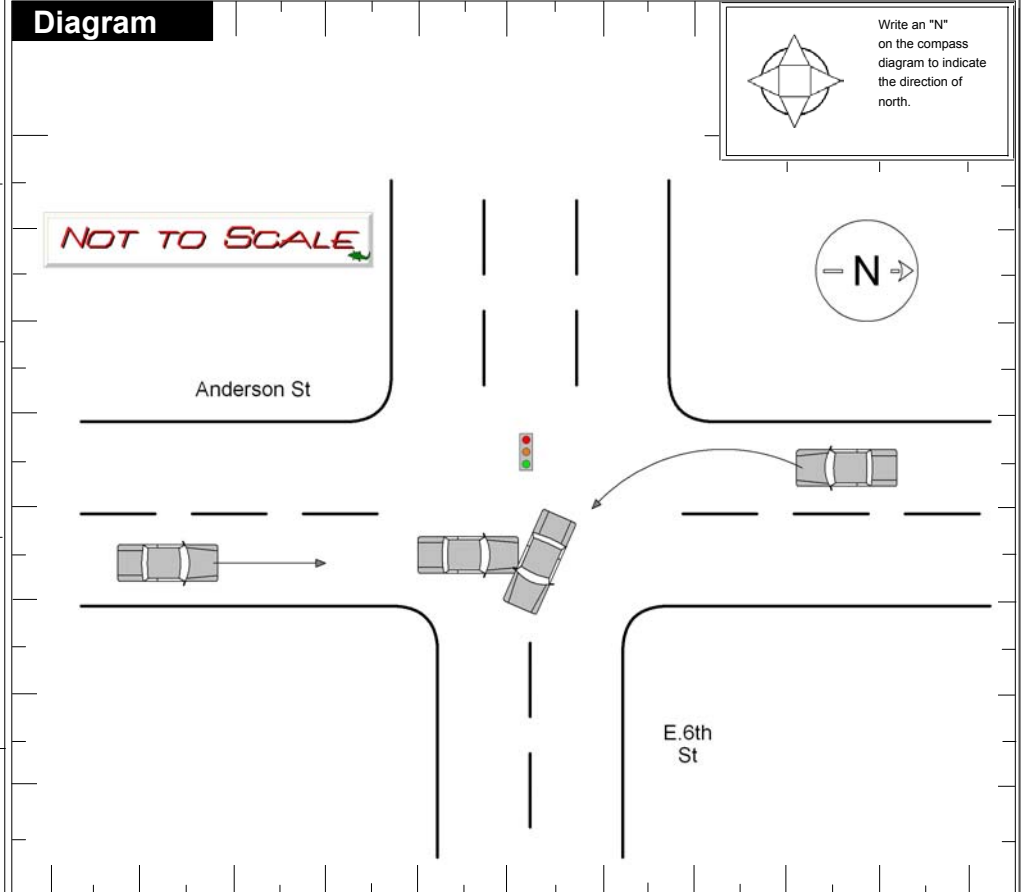
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

## Diagram



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

## 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: 11182011      Time Rec Call: 1311      Dispatch: 1311      Arrived: 1314      Cleared: 1350      Other: 20      Total Minutes: 59

Officer's Name: KEENE, CHRISTOPHER      Badge #: 1F44      Checked By: Smith, Terry      Date Report Filed: 11182011

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 #: 11-396