

# OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-397	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
0806	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	SUNNYBROOK DR	
E	6th ST	3			
<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
			Sunnybrook Dr	08	

<b>A</b>	Unit #	# of Occ.	Name (Last, First, Middle)			
	01	01	SMITH SAMUEL S			
Address (Street, City, State, Zip Code)						
725 W MAIN ST EATON OH 45320						
Social Security Number		Date of Birth	Age	Sex	Home Phone #	Work Phone #
		11241980	30	M	(937) 733-0137	(937) 533-1822
DL State	DL #	LP State	LP #	Injured Taken By	Transported By	
OH	RR667956	OH	PVL1987	1 1 None 4 Other 2 EMS 5 Unknown 3 Police		
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)			
Year			Make	Model	Color	Insurance Company
2002			FREI	F60	BLK	Cincinatti Ins
Offense Charged		Offense Description			Citation #	Local Code? 'X' if Yes

Motorist / Non-Motorist

<b>B</b>	Unit #	# of Occ.	Name (Last, First, Middle)			
	02	01	HANEY TIM			
Address (Street, City, State, Zip Code)						
707 BRANDE DR EATON OH 45320						
Social Security Number		Date of Birth	Age	Sex	Home Phone #	Work Phone #
		11021961	50	M	(937) 456-5536	(513) 746-8673
DL State	DL #	LP State	LP #	Injured Taken By	Transported By	
OH	RS416208	OH	OZ5670	1 1 None 4 Other 2 EMS 5 Unknown 3 Police		
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)			
CITY OF FRANKLIN			1 BENJAMIN FRANKLIN WAY Franklin OH 45005			
Year		Make	Model	Color	Insurance Company	Owner Phone #
2009		FORD	F250	WHT	Hylant Ins.	(937) 746-9921
Offense Charged		Offense Description			Citation #	Local Code? 'X' if Yes

Occupant

<b>C</b>	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			
<b>D</b>	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			

<b>01</b> A	<b>04</b> A	<b>1</b> A	<b>1</b> A	<b>1</b> A	<b>1</b> A	<b>1</b> A	<b>1</b> A
<b>Seating Position</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>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>Air Bag</b> 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	<b>Air Bag Switch</b> 1 Not Present 2 In On Position 3 In Off Position 4 Unknown	<b>Ejection</b> 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	<b>Trapped</b> 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	<b>Injuries</b> 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown	Supplement * 'X' if Yes

<b>Unit Numbers</b> 	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> 	<b>Sequence Of Events</b> 	<b>Posted Speed</b> 	<b>Drug Test Status</b> 								
<b>Non-Motorist Location</b> <ol style="list-style-type: none"> <li>01 Marked Crosswalk At Intersection</li> <li>02 Intersection/ No Crosswalk</li> <li>03 Non-Intersection Crosswalk</li> <li>04 Driveway Access Crosswalk</li> <li>05 In Roadway</li> <li>06 Not In Roadway</li> <li>07 Median (But Not Shoulder)</li> <li>08 Island</li> <li>09 Shoulder</li> <li>10 Sidewalk</li> <li>11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)</li> <li>12 Beyond 10 Feet Of Roadway (Within Trafficway)</li> <li>13 Outside Trafficway</li> <li>14 Shared Use Paths Or Trails</li> <li>15 Unknown</li> </ol>	<b>Most Damaged Area</b> 	<b>Motorist</b> <ol style="list-style-type: none"> <li>01 Movements Essentially Straight Ahead</li> <li>02 Backing</li> <li>03 Changing Lanes</li> <li>04 Overtaking/Passing</li> <li>05 Turning Right</li> <li>06 Turning Left</li> <li>07 Making U-Turn</li> <li>08 Entering Traffic Lane</li> <li>09 Leaving Traffic Lane</li> <li>10 Parked</li> <li>11 Slowing/Stopped In Traffic</li> <li>12 Driverless</li> <li>13 Other</li> <li>14 Unknown</li> </ol> <b>Non-Motorist</b> <ol style="list-style-type: none"> <li>15 Entering/Crossing In Specified Location</li> <li>16 Walking, Running, Jogging, Playing, Cycling</li> <li>17 Working</li> <li>18 Pushing Vehicle</li> <li>19 Approaching/Leaving Vehicle</li> <li>20 Playing/Working On Vehicle</li> <li>21 Standing</li> <li>22 Other</li> <li>23 Unknown</li> </ol>	<b>Non-Collision</b> <ol style="list-style-type: none"> <li>01 Overtun/Rollover</li> <li>02 Fire/Explosion</li> <li>03 Immersion</li> <li>04 Jackknife</li> <li>05 Cargo/Equipment Loss/Shift</li> <li>06 Equipment Failure</li> <li>07 Separation Of Units</li> <li>08 Ran Off Road Right</li> <li>09 Ran Off Road Left</li> <li>10 Cross Median/Centerline</li> <li>11 Downhill Runaway</li> <li>12 Other Non-Collision</li> <li>13 Unknown Non-Collision</li> </ol> <b>Collision w/ Person, Vehicle, Or Object Not Fixed</b> <ol style="list-style-type: none"> <li>14 Pedestrian</li> <li>15 Pedalcycle</li> <li>16 Railway Vehicle</li> <li>17 Animal - Farm</li> <li>18 Animal - Deer</li> <li>19 Animal - Other</li> <li>20 Motor Vehicle In Transport</li> <li>21 Parked Motor Vehicle</li> <li>22 Work Zone Maintenance Equipment</li> <li>23 Other Movable Object</li> <li>24 Unknown Movable Object</li> </ol> <b>Collision with Fixed Object</b> <ol style="list-style-type: none"> <li>25 Impact Attenuator/Crash Cushion</li> <li>26 Bridge Overhead Structure</li> <li>27 Bridge Pier Or Abutment</li> <li>28 Bridge Parapet</li> <li>29 Bridge Rail</li> <li>30 Guardrail Face</li> <li>31 Guardrail End</li> <li>32 Median Barrier</li> <li>33 Highway Traffic Sign Post</li> <li>34 Overhead Sign Post</li> <li>35 Light/Luminaries Support</li> <li>36 Utility Pole</li> <li>37 Other Post, Pole Or Support</li> <li>38 Culvert</li> <li>39 Curb</li> <li>40 Ditch</li> <li>41 Embankment</li> <li>42 Fence</li> <li>43 Mailbox</li> <li>44 Tree</li> <li>45 Other Fixed Object</li> <li>46 Work Zone Maintenance Equipment</li> <li>47 Unknown Fixed Object</li> <li>48 Other</li> <li>49 Unknown</li> </ol>	<b>Traffic Control</b> <ol style="list-style-type: none"> <li>01 No controls</li> <li>02 Stop Sign</li> <li>03 Yield Sign</li> <li>04 Traffic Signal</li> <li>05 Traffic Flashers</li> <li>06 School Zone</li> <li>07 Railroad Crossbucks</li> <li>08 Railroad Flashers</li> <li>09 Railroad Gates</li> <li>10 Construction Barricade</li> <li>11 Police Officer</li> <li>12 Pavement Markings</li> <li>13 Crosswalk Lines</li> <li>14 Walk/Don't Walk Signal</li> <li>15 Traffic Control Device Inoperative, Missing, Obscured</li> <li>16 Other</li> </ol>	<b>Drug Test Type</b> <ol style="list-style-type: none"> <li>1 None</li> <li>2 Test Refused</li> <li>3 Test Given, Contaminated Sample/Unusable</li> <li>4 Test Given, Results Known</li> <li>5 Test Given, Results Unknown</li> <li>6 Unknown</li> </ol> <b>Drug Test 1&amp;2 Result</b> <ol style="list-style-type: none"> <li>1 None</li> <li>2 Marijuana</li> <li>3 Cocaine</li> <li>4 Opiates</li> <li>5 Amphetamines</li> <li>6 PCP</li> <li>7 Other</li> <li>8 Unknown at Time Of Reporting</li> </ol>								
<b>Type Of Unit</b> <b>Motorist</b> <ol style="list-style-type: none"> <li>01 Sub-Compact</li> <li>02 Compact</li> <li>03 Mid Size</li> <li>04 Full Size</li> <li>05 Minivan</li> <li>06 Sport Utility Vehicle</li> <li>07 Pickup</li> <li>08 Panel/Van</li> <li>09 Single Unit Truck; 2 Axles, 6 Tires</li> <li>10 Single Unit Truck; 3+ Axles</li> <li>11 Truck/Trailer</li> <li>12 Truck Tractor (Bobtail)</li> <li>13 Tractor/Semi-Trailer</li> <li>14 Tractor/Double Short</li> <li>15 Tractor/Double Long</li> <li>16 Fifth Wheel Or Converter Dolly</li> <li>17 Tractor/Triples</li> <li>18 Motorcycle</li> <li>19 Motorized Bicycle</li> <li>20 School Bus</li> <li>21 Church Bus</li> <li>22 Public Bus</li> <li>23 Other Bus</li> <li>24 Police Vehicle</li> <li>25 Fire Truck</li> <li>26 Ambulance/Rescue</li> <li>27 Taxi</li> <li>28 Motor Home</li> <li>29 Train</li> <li>30 Farm Vehicle</li> <li>31 Farm Equipment</li> <li>32 Snowmobile</li> <li>33 Construction Equipment</li> <li>34 All Others</li> </ol>	<b>Point Of Impact</b> <ol style="list-style-type: none"> <li>01 None</li> <li>02 Center Front</li> <li>03 Right Front</li> <li>04 Right Side</li> <li>05 Right Rear</li> <li>06 Rear Center</li> <li>07 Left Rear</li> <li>08 Left Side</li> <li>09 Left Front</li> <li>10 Top And Windows</li> <li>11 Undercarriage</li> <li>12 Load / Trailer</li> <li>13 Total (All Areas)</li> <li>14 Other</li> <li>15 Unknown</li> </ol>	<b>Contributing Circumstances</b> <b>Motorist</b> <ol style="list-style-type: none"> <li>01 None</li> <li>02 Failure To Yield</li> <li>03 Ran Red Light, Or Stop Sign</li> <li>04 Exceeded Speed Limit</li> <li>05 Unsafe Speed</li> <li>06 Improper Turn</li> <li>07 Left of Center</li> <li>08 Followed Too Closely/ACDA</li> <li>09 Improper Lane Change/ Drove Off Road/ Improper Passing</li> <li>10 Improper Backing</li> <li>11 Improper Start From Parked Position</li> <li>12 Stopped or Parked Illegally</li> <li>13 Operating Vehicle In Erratic, Reckless, Careless, Negligent or Aggressive Manner</li> <li>14 Swerving to Avoid (Due to Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)</li> <li>15 Failure To Control</li> <li>16 Vision Obstruction</li> <li>17 Driver Inattention</li> <li>18 Fatigue/Asleep</li> <li>19 Operating Defective Equipment</li> <li>20 Load Shifting/Falling/Spilling</li> <li>21 Other Improper Action</li> <li>22 Unknown</li> </ol>	<b>Direction</b> <table border="1"> <tr> <th>From</th> <th>To</th> <th>From</th> <th>To</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <ol style="list-style-type: none"> <li>1 North</li> <li>2 South</li> <li>3 East</li> <li>4 West</li> <li>5 Northeast</li> <li>6 Northwest</li> <li>7 Southeast</li> <li>8 Southwest</li> <li>9 Unknown</li> </ol>	From	To	From	To					<b>Condition</b> <ol style="list-style-type: none"> <li>1 Apparently Normal</li> <li>2 Physical Impairment</li> <li>3 Emotional</li> <li>4 Illness</li> <li>5 Fell Asleep, Fainted, Fatigued, Etc.</li> <li>6 Under The Influence Of Medications/Drugs/Alcohol</li> <li>7 Other</li> <li>8 Unknown</li> </ol>	<b>Type of Intersection</b> <ol style="list-style-type: none"> <li>01 Not An Intersection</li> <li>02 Four-Way Intersection</li> <li>03 T-Intersection</li> <li>04 Y-Intersection</li> <li>05 Traffic Circle/Roundabout</li> <li>06 Five-Point, Or More</li> <li>07 On Ramp</li> <li>08 Off Ramp</li> <li>09 Crossover</li> <li>10 Driveway/Access</li> <li>11 Railway Grade Crossing</li> <li>12 Shared-Use Paths Or Trails</li> <li>13 Unknown</li> </ol>
From	To	From	To										
<b>In Emergency Response</b> <ol style="list-style-type: none"> <li>1 No</li> <li>2 Yes</li> <li>3 Unknown</li> </ol>	<b>Action</b> <ol style="list-style-type: none"> <li>1 Non-Contact</li> <li>2 Non-Collision</li> <li>3 Striking</li> <li>4 Struck</li> <li>5 Both Striking And Struck</li> <li>6 Unknown</li> </ol>	<b>Vehicle Defect Code Only If '19' Selected Above</b> <ol style="list-style-type: none"> <li>01 Turn Signals</li> <li>02 Head Lamps</li> <li>03 Tail Lamps</li> <li>04 Brakes</li> <li>05 Steering</li> <li>06 Tire Blowout</li> <li>07 Worn Or Slick Tires</li> <li>08 Trailer Equipment Defective</li> <li>09 Motor Trouble</li> <li>10 Disabled From Prior Crash</li> <li>11 Other Defects</li> </ol>	<b>First Harmful Event</b> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p> <b>Most Harmful Event</b> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Alcohol/Drug Suspected</b> <ol style="list-style-type: none"> <li>1 None</li> <li>2 Yes-Alcohol Suspected</li> <li>3 Yes-HBD Not Impaired</li> <li>4 Yes-Drugs Suspected</li> <li>5 Yes-Alcohol / Drugs Suspected</li> <li>6 Unknown</li> </ol>	<b>Occurrence</b> <ol style="list-style-type: none"> <li>1 On Roadway</li> <li>2 On Shoulder</li> <li>3 In Median</li> <li>4 On Roadside</li> <li>5 On Gore</li> <li>6 Outside Trafficway</li> <li>7 Unknown</li> </ol>								
<b>Damage Scale</b> <ol style="list-style-type: none"> <li>1 None</li> <li>2 Non-Functional Damage</li> <li>3 Functional Damage</li> <li>4 Disabling Damage</li> <li>5 Severe</li> <li>6 Unknown</li> </ol>	<b>Striking Vehicle: Override/ Underride</b> <ol style="list-style-type: none"> <li>1 No Underride Or Override</li> <li>2 Underride, Compartment Intrusion</li> <li>3 Underride, No Compartment Intrusion</li> <li>4 Underride, Compartment Intrusion Unknown</li> <li>5 Override, Motor Vehicle In Transport</li> <li>6 Override , Other Vehicle</li> <li>7 Unknown</li> </ol>		<b>Speed Detected</b> <ol style="list-style-type: none"> <li>1 Stated</li> <li>2 Estimated Speed</li> </ol>	<b>Alcohol Test Status</b> <ol style="list-style-type: none"> <li>1 None</li> <li>2 Test Refused</li> <li>3 Test Given, Contaminated Sample/Unusable</li> <li>4 Test Given, Results Known</li> <li>5 Test Given, Results Unknown</li> <li>6 Unknown</li> </ol>	<b>Road Contour</b> <ol style="list-style-type: none"> <li>1 Straight Level</li> <li>2 Straight Grade</li> <li>3 Curve Level</li> <li>4 Curve Grade</li> </ol>								
			<b>Speed</b> 	<b>Alcohol Test Type</b> <ol style="list-style-type: none"> <li>1 None</li> <li>2 Blood</li> <li>3 Urine</li> <li>4 Breath</li> <li>5 Other</li> </ol>	<b>Road Conditions</b> <table border="1"> <tr> <th>Primary</th> <th>Secondary</th> </tr> <tr> <td></td> <td></td> </tr> </table> <ol style="list-style-type: none"> <li>01 Dry</li> <li>02 Wet</li> <li>03 Snow</li> <li>04 Ice</li> <li>05 Sand, Mud, Dirt, Oil, Gravel</li> <li>06 Water (Standing, Moving)</li> <li>07 Slush</li> <li>08 Debris**</li> <li>09 Rut, Holes, Bumps, Uneven Pavement **</li> <li>10 Other</li> <li>11 Unknown</li> </ol> <p>** Secondary Road Conditions ONLY</p>	Primary	Secondary						
Primary	Secondary												
				<b>Alcohol Test Result</b> 	<table border="1"> <tr> <td>Supplement * *X' if Yes</td> <td>Local Report # *</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Supplement * *X' if Yes	Local Report # *						
Supplement * *X' if Yes	Local Report # *												

# Narrative

Units were east bound on 6th St, Unit #2 had stopped at the intersection of Sunnybrook to turn left, unit #1 heading east, came too close to unit # 2 and struck the passenger side mirror with the left side of the trailer.

## 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 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

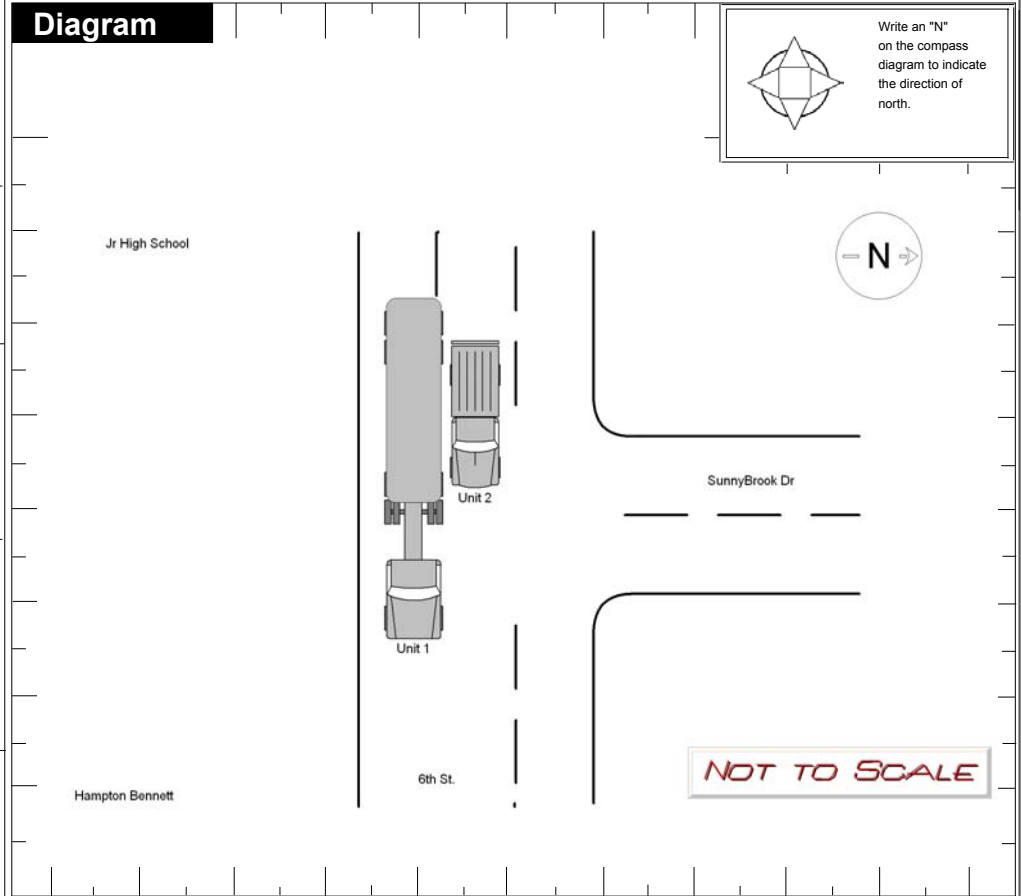
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## 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 #

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: 0000 Dispatch: 0732 Arrived: 0736 Cleared: 0752 Other: 25 Total Minutes: 45

Officer's Name \*

Smith, Terry

Badge # \*

1F32

Checked By

Smith, Terry

Date Report Filed \*

11182011

Report Taken By

- 1 Police Agency
- 2 Motorist

Report Taken At

- 1 Scene
- 2 Station
- 3 Other

Supplement \*  
X' if Yes

Local Report # \*

11-397