

OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
11-403		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		11212011									
Time of Crash		Day of Week		City *		Village *		TWP *		Name (Of City, Village or Township) *		County # *		Latitude		Longitude	
1035		MON		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		VICTORY LN				
E	Second		2	ST						
AT / REFERENCE			Reference Point Used			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				
Dist Reference	DR	Prefix	Reference	Ref Point						
			VICTORY	02						

A		Unit #	# of Occ.	Name (Last, First, Middle)	
01		01	01	ATKINSON KELLY	
Address (Street, City, State, Zip Code)					
7346 COUNTRY WALK DR Franklin OH 45005-0000					
Social Security Number		Date of Birth		Age	Sex
		10031984		27	F
Home Phone #		Work Phone #			
(937) 781-6258					
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police
OH	SB196103	OH	DBD3719	1	
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)		
ATKINSON SHAUN S			7346 COUNTRY WALK DR FRANKLIN OH 45005		
Year	Make	Model	Color	Insurance Company	Towing Service
2011	DODG		MAR	Pekin Ins.	
Offense Charged		Offense Description		Citation #	
Local Code? 'X' if Yes					

Motorist / Non-Motorist

B		Unit #	# of Occ.	Name (Last, First, Middle)	
02		01	01	GOANS CHRISTINE	
Address (Street, City, State, Zip Code)					
157 DALTON AV CARLISLE OH 45005-0000					
Social Security Number		Date of Birth		Age	Sex
		12311957		53	F
Home Phone #		Work Phone #			
(937) 743-9436					
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police
OH	RM309321	OH	FJU6860	1	
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)		
GOANS JAMES JR			157 DALTON AV CARLISLE OH 45005-0000		
Year	Make	Model	Color	Insurance Company	Towing Service
2009	FORD	EDGE	BLK	Statefarm	
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	Seating Position
01	01 Front - Left (MC Driver)
02	02 Front - Middle
03	03 Front - Right
04	04 Second - Left (MC Pass)
05	05 Second - Middle
06	06 Second - Right
07	07 Third - Left
08	08 Third - Middle
09	09 Third - Right
10	10 Sleeper Section Of Cab
11	11 Enclosed Cargo Area
12	12 Unenclosed Cargo Area
13	13 Trailing Unit
14	14 Exterior
15	15 Other
16	16 Non-Motorist
17	17 Unknown

04	Safety Equipment Motorist
01	01 None Used
02	02 Shoulder Belt Only
03	03 Lap Belt Only
04	04 Shoulder /Lap Belt
05	05 Child Safety Seat
06	06 MC Helmet Used
07	07 Use Unknown
04	Non-Motorist
08	08 Non Used
09	09 Helmet Used
10	10 Protective Pads
11	11 Reflective Clothing
12	12 Lighting
13	13 Other
14	14 Unknown

1	Air Bag
1	1 Not Deployed
2	2 Deployed-Front
3	3 Deployed-Side
4	4 Deployed Both Front/Side
5	5 Not Applicable
6	6 Unknown

4	Air Bag Switch
1	1 Not Present
2	2 In On Position
3	3 In Off Position
4	4 Unknown

1	Ejection
1	1 Not Ejected
2	2 Totally Ejected
3	3 Partially Ejected
4	4 Not Applicable
5	5 Unknown

1	Trapped
1	1 Not Trapped
2	2 Extricated By Mechanical Means
3	3 Freed BY Non-Mechanical Means
4	4 Unknown

1	Injuries
1	1 No Injury
2	2 Possible
3	3 Non-Incapacitating
4	4 Incapacitating
5	5 Fatal Injury
6	6 Unknown

Supplement *
'X' if Yes

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status 								
Non-Motorist Location <p>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</p>	Most Damaged Area <p>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</p>	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 <p>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</p>	Drug Test Type <p>1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown</p>								
Type Of Unit <p>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</p>	Point Of Impact <p>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</p>	Contributing Circumstances <p>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</p>	Direction <table border="1"> <tr> <th>From</th> <th>To</th> <th>From</th> <th>To</th> </tr> <tr> <td>4</td> <td>3</td> <td>4</td> <td>3</td> </tr> </table> <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p>	From	To	From	To	4	3	4	3	Condition <p>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</p>	Drug Test 1&2 Result <p>1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting</p>
From	To	From	To										
4	3	4	3										
In Emergency Response <p>1 No 2 Yes 3 Unknown</p>	Action <p>1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown</p>	Vehicle Defect Code Only If '19' Selected Above <p>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</p>	First Harmful Event <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Alcohol/Drug Suspected <p>1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown</p>	Occurrence <p>1 On Roadway 2 On Shoulder 3 In Median 4 On Roadside 5 On Gore 6 Outside Trafficway 7 Unknown</p>								
Damage Scale <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	Striking Vehicle: Override/ Underride <p>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</p>	Speed Detected <p>1 Stated 2 Estimated Speed</p>	Most Harmful Event <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Alcohol Test Status <p>1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown</p>	Road Contour <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p>								
Alcohol Test Type <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p>		Alcohol Test Result 		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									
In Emergency Response 		Supplement * 'X' if Yes 		Local Report # * 									

Narrative

Unit #1 was following Unit #2 Eastbound on E. Second St. in the Area of Victory Ln. Unit #2 stopped for traffic and Unit #1 was unable to stop and rear ended Unit #2 causing minor damage to both vehicles.

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

Work Zone Related

- 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

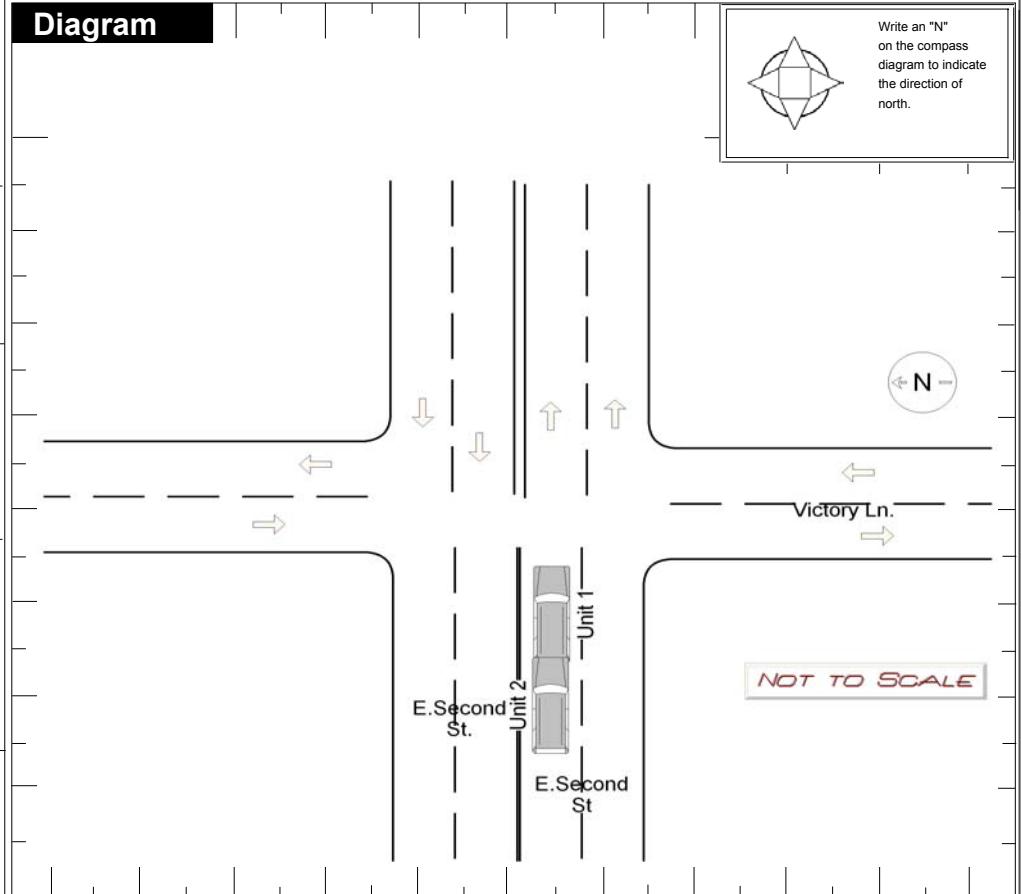
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 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
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: **11212011** Time Rec Call: **1035** Dispatch: **1035** Arrived: **1040** Cleared: **1049** Other: **45** Total Minutes: **59**

Officer's Name: **Back, Michael** Badge #: **1F35** Checked By: **Diekman, Edward** Date Report Filed: **11222011**

Report Taken By: 1 Police Agency 2 Motorist Report Taken At: 1 Scene 2 Station 3 Other Supplement: X if Yes Local Report #: **11-403**