

# OHIO TRAFFIC CRASH REPORT

|                  |  |  |  |                  |  |   |  |                 |  |   |  |            |  |          |  |           |  |
|------------------|--|--|--|------------------|--|---|--|-----------------|--|---|--|------------|--|----------|--|-----------|--|
| Local Report # * |  | Crash Severity                           |  | Private Property |  | Hit / Skip                                      |  | Photos Taken    |  | OH-2                                    |  | OH-3       |  | OH-1P    |  | OTHER     |  |
| 11-405           |  | 3<br>1 Fatal 3 PDO<br>2 Injury 4 Unknown |  | X<br>If Yes      |  | 1<br>1 Not Hit / Skip<br>2 Solved<br>3 Unsolved |  | X<br>If Yes     |  |   |  |            |  |          |  |           |  |
| N.C.I.C. # *     |  | Reporting Agency *                       |  | # Units          |  | Unit Error                                      |  | Date of Crash * |  |   |  |            |  |          |  |           |  |
| 08301            |  | Franklin Police Department               |  | 02               |  | 01<br>98 = Animal<br>99 = Unknown               |  | 11212011        |  |   |  |            |  |          |  |           |  |
| Time of Crash    |  | Day of Week                              |  | City *           |  | Village *                                       |  | TWP *           |  | Name ( Of City, Village or Township ) * |  | County # * |  | Latitude |  | Longitude |  |
| 1840             |  | MON                                      |  | 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   |  |  |  |
| E 6TH ST                           |  |  |  | 2                                   |  |  |  | 2 Numbered Street   |  |  |  |
| <b>AT / REFERENCE</b>              |  |  |  | <b>Reference Point Used</b>         |  |  |  | 04 House Number 08 Place Name W/O Reference                             |  |  |  |
| Dist Reference DR Prefix Reference |  |  |  | Ref Point                           |  |  |  | 01 State Line 05 Township Boundary 09 Driveway                          |  |  |  |
| Anderson St                        |  |  |  | 02                                  |  |  |  | 02 Intersection 2 Streets 06 Mile Post 10 Street or Route W/O Reference |  |  |  |
|                                    |  |  |  | 03 County Line 07 Corporation Limit |  |  |  |   |  |  |  |

|   |  |           |  |                            |  |
|---|--|-----------|--|----------------------------|--|
| Unit #                                    |  | # of Occ. |  | Name (Last, First, Middle) |  |
| A 01 01                                   |  |           |  | HARRIS JEREMY S            |  |
| Address (Street, City, State, Zip Code)   |  |           |  |                            |  |
| 8712 PLUM CREEK CT FRANKLIN OH 45005-0000 |  |           |  |                            |  |

|                        |  |               |  |                  |  |   |  |                |  |                  |  |
|------------------------|--|---------------|--|------------------|--|---|--|----------------|--|------------------|--|
| Social Security Number |  | Date of Birth |  | Age              |  | Sex   |  | Home Phone #   |  | Work Phone #     |  |
|                        |  | 09181980      |  | 31               |  | M   |  | (937) 416-4586 |  |                  |  |
| DL State DL #          |  | LP State LP # |  | Injured Taken By |  | 1 None 4 Other<br>2 EMS 5 Unknown<br>3 Police |  | Transported By |  | Injured/Taken To |  |
| OH RQ553947            |  |               |  |                  |  |   |  |                |  |                  |  |

|                                    |  |      |  |   |  |       |  |                            |  |                |  |                |  |
|------------------------------------|--|------|--|---|--|-------|--|----------------------------|--|----------------|--|----------------|--|
| Owner Name (if same, write "SAME") |  |      |  | Address (Street, City, State, Zip Code) |  |       |  |                            |  |                |  |                |  |
| JEMS STATION 15                    |  |      |  | 201 E 6TH ST FRANKLIN OH 45005          |  |       |  |                            |  |                |  |                |  |
| Year                               |  | Make |  | Model                                   |  | Color |  | Insurance Company          |  | Towing Service |  | Owner Phone #  |  |
| 2008                               |  | DODG |  | DUR                                     |  | WHT   |  | American Alternative Ins C |  |                |  | (937) 746-3471 |  |

|                 |  |                              |  |            |  |                        |  |
|-----------------|--|------------------------------|--|------------|--|------------------------|--|
| Offense Charged |  | Offense Description          |  | Citation # |  | Local Code? 'X' if Yes |  |
| 333.03A         |  | Assured Clear Distance Ahead |  | 01270      |  | X                      |  |

|   |  |           |  |                            |  |
|---|--|-----------|--|----------------------------|--|
| Unit #                                  |  | # of Occ. |  | Name (Last, First, Middle) |  |
| B 02 02                                 |  |           |  | BREWER MARK C              |  |
| Address (Street, City, State, Zip Code) |  |           |  |                            |  |
| 18 HUDSON AV Franklin OH 45005-0000     |  |           |  |                            |  |

|                        |  |               |  |                  |  |   |  |                |  |                  |  |
|------------------------|--|---------------|--|------------------|--|---|--|----------------|--|------------------|--|
| Social Security Number |  | Date of Birth |  | Age              |  | Sex   |  | Home Phone #   |  | Work Phone #     |  |
|                        |  | 07011963      |  | 48               |  | M   |  | (513) 292-9949 |  |                  |  |
| DL State DL #          |  | LP State LP # |  | Injured Taken By |  | 1 None 4 Other<br>2 EMS 5 Unknown<br>3 Police |  | Transported By |  | Injured/Taken To |  |
| OH RB401172            |  | OH FJB3054    |  |                  |  |   |  |                |  |                  |  |

|                                    |  |      |  |   |  |       |  |                   |  |                |  |                |  |
|------------------------------------|--|------|--|---|--|-------|--|-------------------|--|----------------|--|----------------|--|
| Owner Name (if same, write "SAME") |  |      |  | Address (Street, City, State, Zip Code) |  |       |  |                   |  |                |  |                |  |
| BREWER MARK C                      |  |      |  | 18 HUDSON AV Franklin OH 45005-0000     |  |       |  |                   |  |                |  |                |  |
| Year                               |  | Make |  | Model                                   |  | Color |  | Insurance Company |  | Towing Service |  | Owner Phone #  |  |
| 1995                               |  | CHEV |  | S10                                     |  | BLK   |  | No Insurance      |  |                |  | (513) 292-9949 |  |

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

|   |  |                            |  |                |  |   |  |                |  |                  |  |
|---|--|----------------------------|--|----------------|--|---|--|----------------|--|------------------|--|
| Unit #                                  |  | Name (Last, First, Middle) |  | Home Phone #   |  | Date of Birth                                 |  | Age            |  | Sex              |  |
| C 02                                    |  | WOOSLEY JACKIE E           |  | (937) 733-4214 |  | 04021963                                      |  | 48             |  | F                |  |
| Address (Street, City, State, Zip Code) |  |                            |  |                |  | Injured Taken By                              |  | Transported By |  | Injured Taken To |  |
| 258 S LAFYETTE CAMDEN OH 45311          |  |                            |  |                |  | 1 None 4 Other<br>2 EMS 5 Unknown<br>3 Police |  |                |  |                  |  |

|   |  |                            |  |              |  |   |  |                |  |                  |  |
|---|--|----------------------------|--|--------------|--|---|--|----------------|--|------------------|--|
| Unit #                                  |  | 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<br>2 EMS 5 Unknown<br>3 Police |  |                |  |                  |  |

|                              |  |                                     |  |                            |  |                         |  |                     |  |                                  |  |                         |  |
|------------------------------|--|-------------------------------------|--|----------------------------|--|-------------------------|--|---------------------|--|----------------------------------|--|-------------------------|--|
| <b>01</b> Seating Position   |  | <b>04</b> Safety Equipment Motorist |  | <b>1</b> Air Bag           |  | <b>4</b> Air Bag Switch |  | <b>1</b> Ejection   |  | <b>1</b> Trapped                 |  | <b>1</b> Injuries       |  |
| 01 Front - Left ( MC Driver) |  | 01 None Used                        |  | 1 Not Deployed             |  | 1 Not Present           |  | 1 Not Ejected       |  | 1 Not Trapped                    |  | 1 No Injury             |  |
| 02 Front - Middle            |  | 02 Shoulder Belt Only               |  | 2 Deployed-Front           |  | 2 In On Position        |  | 2 Totally Ejected   |  | 2 Extricated By Mechanical Means |  | 2 Possible              |  |
| 03 Front - Right             |  | 03 Lap Belt Only                    |  | 3 Deployed-Side            |  | 3 In Off Position       |  | 3 Partially Ejected |  | 3 Freed BY Non-Mechanical Means  |  | 3 Non-Incapacitating    |  |
| 04 Second - Left ( MC Pass)  |  | 04 Shoulder /Lap Belt               |  | 4 Deployed-Both Front/Side |  | 4 Unknown               |  | 4 Not Applicable    |  | 4 Unknown                        |  | 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 |  |

Motorist / Non-Motorist

Occupant

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

# Narrative

On 11-21-11 at about 1840 I was dispatched to the intersection of E. Sixth Street and Anderson Street for an accident between a JEMS medical vehicle and a passenger vehicle. When I arrived I found both vehicles moved from the accident scene and parked in the parking lot for Dollar General On E. Sixth St. I made contact with the drivers of both involved units and spoke to them. The driver of unit number two, Mark Brewer, stated that he was east bound on E. Sixth St stopped at a red light at the intersection of Anderson St. He said that a vehicle rear-ended him. Mr. Brewer stated that he did not have insurance for his vehicle at this time.

I spoke to the driver of unit number one, Jeremy Harris, who said that he did rear-end unit number one at the light. Mr. Harris was driving the Dodge JEMS paramedic vehicle. Unit number one was east bound on E. Sixth St. also. Damage to both vehicles was light and photographs were taken of them. Mr. Harris was issued UTT # 01270 for ACDA and given a court date.

|  |   |                    |   |  |
|--|---|--------------------|---|--|
| <b>Manner Of Collision or Impact</b><br><b>2</b><br>1 Not Collision Between<br>Two Vehicles In Transport<br>2 Rear-end<br>3 Head-on<br>4 Rear-To-Rear<br>5 Backing<br>6 Angle<br>7 Sideswipe, Same Direction<br>8 Sideswipe, Opposite Direction<br>9 Unknown | <b>School Bus Related</b><br><b>1</b><br>1 No<br>2 Yes, Directly Involved<br>3 Yes, Indirectly Involved<br>4 Unknown                                      | <b>Diagram</b><br> | Write an "N" on the compass diagram to indicate the direction of north. |  |
| <b>Weather</b><br><b>04</b><br>01 Clear<br>02 Cloudy<br>03 Fog, Smog, Smoke<br>04 Rain<br>05 Sleet, Hail (Freezing Rain Drizzle)<br>06 Snow<br>07 Severe Crosswinds<br>08 Blowing Sand, Soil, Dirt, Snow<br>09 Other<br>10 Unknown                           | <b>Work Zone Related</b><br><b>1</b><br>1 No<br>2 Yes<br>3 Unknown  |                    |   |  |
| <b>Light Conditions</b><br>Primary <b>4</b> Secondary <b>4</b><br>1 Daylight<br>2 Dawn<br>3 Dusk<br>4 Dark - Lighted Roadway<br>5 Dark - Not Lighted<br>6 Dark - Unknown Lighting<br>7 Glare<br>8 Other<br>9 Unknown   | <b>Type of Work Zone</b><br><b>1</b><br>1 Lane Closure<br>2 Lane Shift/Crossover<br>3 Work On Shoulder Or Median<br>4 Intermittent/Moving Work<br>5 Other |                    |   |  |
|  | <b>Location Of Crash In</b><br><b>1</b><br>1 Before First Work Zone Warning Sign<br>2 Advance Warning Area<br>3 Transition Area<br>4 Activity Area        |                    |   |  |
|  | <b>Workers Present</b><br><b>1</b><br>1 No<br>2 Yes<br>3 Unknown  |                    |   |  |

|   |   |   |   |
|---|---|---|---|
| <b>Truck/Bus</b><br>Unit # <input type="text"/>     | The Crash INVOLVED one or more of the following:<br>A truck (motor vehicle) with a GVWR more than 10,000 pounds; or<br>A truck (motor vehicle) with a hazardous materials placard; or<br>A bus designed for at least 8 persons, including driver. | <b>A</b><br><b>N</b><br><b>D</b><br><b>D</b>              | The crash RESULTED in one or more of the following:<br>A fatality; or<br>An injury requiring transportation for immediate medical treatment; or<br>At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power. |
| Company (From Shipping Papers) <input type="text"/> | Company Phone <input type="text"/>  | Address (Street, City, St, Zip Code) <input type="text"/> |   |

|  |  |  |  |  |   |  |                            |  |  |
|--|--|--|--|--|---|--|----------------------------|--|--|
| US DOT   | ICC MC   | PUCO   | Trailer LP St.   | Trailer LP Year                          | Trailer LP #  | Placard #  | # Dia.                     |  |  |
| <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>Cargo Body Type</b><br><input type="text"/> | 01 Not Applicable<br>02 Bus (9-15) Including Driver<br>03 Van/Enclosed Box<br>04 Grain/Chips/Gravel<br>05 Pole<br>06 Cargo Tan<br>07 Flatbed<br>08 Dump<br>09 Concrete Mixer<br>10 Auto Transporter<br>11 Garbage/Refuse<br>12 Other<br>13 Unknown | <b>Weight (GVWR)</b><br><input type="text"/> | 1 Less/Equal 10,000<br>2 10,001 - 26,000<br>3 More Than 26,000 | <b>CDL Class</b><br><input type="text"/> | 1 Class A<br>2 Class B<br>3 Class C<br>4 Class M<br>5 Class D | <b>Hazardous Materials Placard</b><br><input type="text"/> | 1 No<br>2 Yes<br>3 Unknown | <b>Hazardous Material Released</b><br><input type="text"/> | 1 No<br>2 Yes<br>3 Not Applicable<br>4 Unknown |

|                                 |                                   |                 |                     |         |       |               |  |
|---------------------------------|-----------------------------------|-----------------|---------------------|---------|-------|---------------|--|
| <b>Police Action</b>            |                                   |                 |                     |         |       |               |  |
| Date Crash Reported             | Time Rec Call                     | Dispatch        | Arrived             | Cleared | Other | Total Minutes |  |
| 11212011                        | 1840                              | 1841            | 1844                | 1906    | 35    | 60            |  |
| Officer's Name *                | Badge # *                         | Checked By      | Date Report Filed * |         |       |               |  |
| Wolf, Troy                      | 1F22                              | Diekman, Edward | 11212011            |         |       |               |  |
| Report Taken By                 | Report Taken At                   | Supplement *    | Local Report # *    |         |       |               |  |
| 1 1 Police Agency<br>2 Motorist | 1 1 Scene<br>2 Station<br>3 Other | X if Yes        | 11-405              |         |       |               |  |