

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-407	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	11242011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
2129	THU	X			Franklin	83		

CRASH OCCURRED ON	Type Location Point Used	LOCAL INFORMATION
Prefix Crash Location S Main St	Type Loc 1 1 Named Street 3 Numbered Route 2 Numbered Street	S DIXIE HWY
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 S Dixie	Ref Point 02	

Unit #	# of Occ.	Name (Last, First, Middle)
A 01 01		HARTMAN MATTHEW GLENN
Address (Street, City, State, Zip Code) 6188 GLENSBURY CT WEST CHESTER OH 45069		

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	01281993	18	M	(513) 847-0781	
DL State DL #	LP State LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To
OH #	OH FIZ5529				

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1998	GMC	SONOM	RED	State Farm Ins Co	Steve's Towing & R	

Offense Charged	Offense Description	Citation #	Local Code? 'X' If Yes
313.01	Traffic Control Devices	01271	X

Unit #	# of Occ.	Name (Last, First, Middle)
B 02 02		BOTTLES WILLIAM D
Address (Street, City, State, Zip Code) 6840 TORRINGTON DR FRANKLIN OH 45005		

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	07181942	69	M	(513) 727-8060	
DL State DL #	LP State LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To
OH RC767006	OH DBD4463				

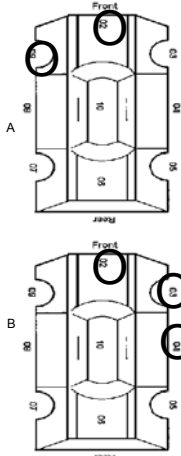
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
2008	DODG	CAL	SIL	Motorists Mutual Ins.	A-1 Industrial Inc W	(513) 727-8060

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

Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
C 02	BOTTLES RAMADELL G	(513) 727-8060	12231942	68	F
Address (Street, City, State, Zip Code) 6840 TORRINGTON DR FRANKLIN OH 45005			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To

Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
D					
Address (Street, City, State, Zip Code)			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To

01 Seating Position 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	04 Safety Equipment Motorist 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 Non-Motorist 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	2 Air Bag 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	4 Air Bag Switch 1 Not Present 2 In On Position 3 In Off Position 4 Unknown	1 Ejection 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	1 Trapped 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	3 Injuries 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown
01	04	2	4	1	1	3
03	04	2	4	1	1	1

Unit Numbers <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">02</div> </div>	Damage Area 	Pre-Crash Actions <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">01</div> </div>	Sequence Of Events <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">A</td> <td style="border: 1px solid black; padding: 2px;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">20</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">20</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">2</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">3</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">4</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">4</td> </tr> </table>	A	B	20	20	2	2	3	3	4	4	Posted Speed <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">35</div> <div style="border: 1px solid black; padding: 2px;">25</div> </div>	Drug Test Status <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>		
A	B																
20	20																
2	2																
3	3																
4	4																
Non-Motorist Location <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	Most Damaged Area <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">02</div> </div>	Motorist <ul style="list-style-type: none"> 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-Collision <ul style="list-style-type: none"> 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 	Traffic Control <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">04</div> </div>	Drug Test Type <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>												
Type Of Unit <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">06</div> </div>	Point Of Impact <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">02</div> </div>	Contributing Circumstances <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">01</div> </div>	Collision w/ Person, Vehicle, Or Object Not Fixed <ul style="list-style-type: none"> 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 	Direction <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">From</td> <td style="border: 1px solid black; padding: 2px;">To</td> <td style="border: 1px solid black; padding: 2px;">From</td> <td style="border: 1px solid black; padding: 2px;">To</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">3</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">4</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">1</td> </tr> </table>	From	To	From	To	3	4	2	1	Drug Test 1&2 Result <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">A</td> <td style="border: 1px solid black; padding: 2px;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">1</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2</td> </tr> </table>	A	B	1	2
From	To	From	To														
3	4	2	1														
A	B																
1	2																
Motorist <ul style="list-style-type: none"> 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 	Action <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">4</div> </div>	Motorist <ul style="list-style-type: none"> 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 	Condition <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	Alcohol/Drug Suspected <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	Condition <ul style="list-style-type: none"> 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 												
In Emergency Response <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	Striking Vehicle: Override/ Underride <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	Vehicle Defect Code Only If '19' Selected Above <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	First Harmful Event <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	Alcohol Test Status <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	Alcohol/Drug Suspected <ul style="list-style-type: none"> 1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown 												
Damage Scale <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">5</div> <div style="border: 1px solid black; padding: 2px;">4</div> </div>	Striking Vehicle: Override/ Underride <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	Vehicle Defect Code Only If '19' Selected Above <ul style="list-style-type: none"> 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 	Most Harmful Event <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	Alcohol Test Status <ul style="list-style-type: none"> 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 <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>												
Damage Scale <ul style="list-style-type: none"> 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown 	Striking Vehicle: Override/ Underride <ul style="list-style-type: none"> 1 No Underride Or Override 2 Underride, Compartment Intrusion 3 Underride, No Compartment Intrusion 4 Underride, Compartment Intrusion Unknown 5 Underride, Motor Vehicle In Transport 6 Override , Other Vehicle 7 Unknown 	Speed Detected <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">2</div> </div>	Speed <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">25</div> </div>	Alcohol Test Type <ul style="list-style-type: none"> 1 None 2 Blood 3 Urine 4 Breath 5 Other 	Alcohol Test Result <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>												
				Supplement * 'X' if Yes		Local Report # *											
				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">-407</div> </div>													

Narrative

On 11-22-11 at about 1754 I responded to the area of S. Main St and Dixie Hwy for an auto accident. When I arrived I saw that two vehicles had been involved in an accident. I spoke to the drivers of the vehicles and took photographs of the vehicles. The driver of unit number one, Matthew G Hartman, stated that he was west bound on S. Riley Blvd. He said was talking on his cell phone and didn't see the light as he entered the intersection. I spoke to the occupants of unit number two, driver and passenger. They both stated that they were north bound on Dixie Hwy. and entered the intersection on a green light. Damage to both vehicles was severe. Matthew Hartman was issued UTT # 01271 for a traffic control device violation and advised of his court date.

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

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

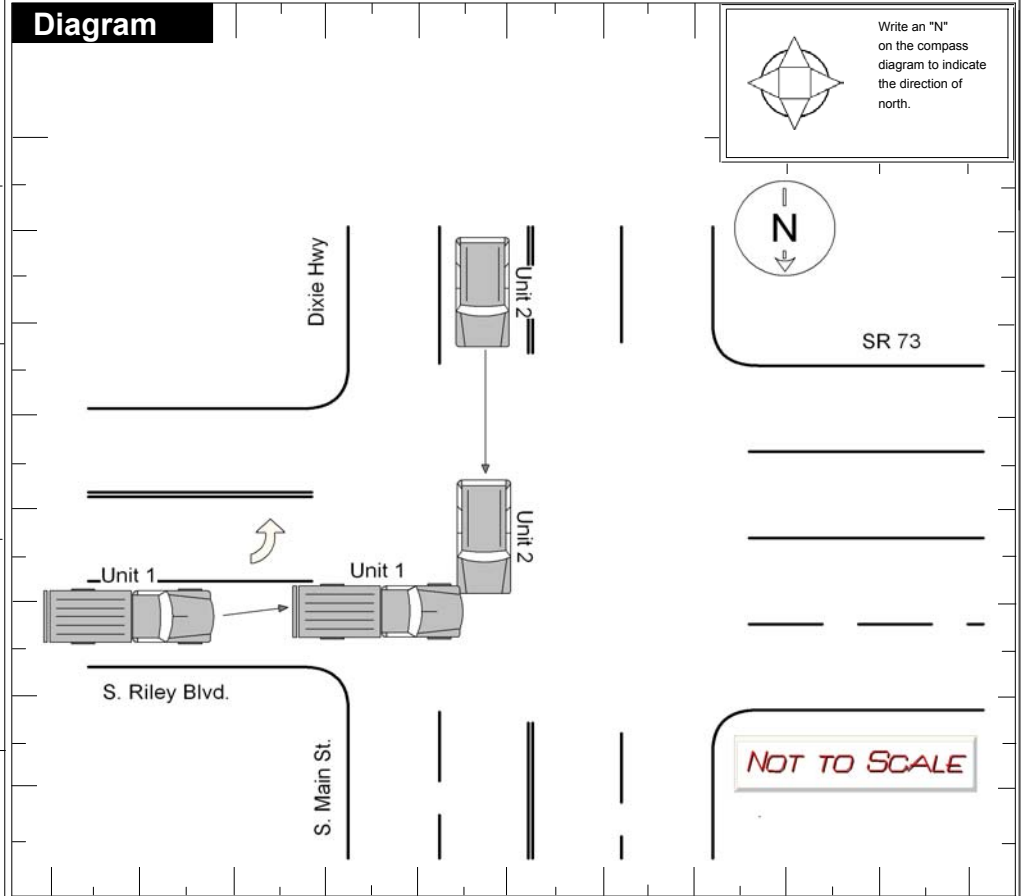
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

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: 11/24/2011 Time Rec Call: 1754 Dispatch: 1754 Arrived: 1800 Cleared: 1842 Other: 25 Total Minutes: 73

Officer's Name *

Wolf, Troy

Badge # *

1F22

Checked By

Smith, Terry

Date Report Filed *

11/24/2011

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 # *

11-407