

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-411	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	01	01 98 = Animal 99 = Unknown	11272011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
2031	SUN				Franklin	83		

CRASH OCCURRED ON	Type Location Point Used	LOCAL INFORMATION
Prefix Industrial	Crash Location DR	Type Loc 1 Named Street 3 Numbered Route 2 Numbered Street
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 Shaker	DR Prefix Shaker	Ref Point 10

Unit #	# of Occ.	Name (Last, First, Middle)
A 01 01		LYONS MATTHEW S
Address (Street, City, State, Zip Code)		
26 JACKSON LN SPRINGBORO OH 45066 7467		
Social Security Number	Date of Birth	Age Sex Home Phone # Work Phone #
	05271993	18 M (937) 748-9237
DL State DL #	LP State LP #	Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police
OH TQ546975	OH EWW4451	1
Owner Name (if same, write "SAME")	Address (Street, City, State, Zip Code)	
LYONS JOSEPH A	26 JACKSON LN SPRINGBORO OH 45066 7467	
Year Make Model Color Insurance Company Towing Service Owner Phone #		
	JEEP CHER WHT Electric Insurance Co 800 Northern Towing	

Offense Charged	Offense Description	Citation #	Local Code? 'X' If Yes
331.34	Failure To Maintain Control	00091	X

Motorist / Non-Motorist

Unit #	# of Occ.	Name (Last, First, Middle)	
B			
Address (Street, City, State, Zip Code)			
Social Security Number	Date of Birth	Age Sex Home Phone # Work Phone #	
DL State DL #	LP State LP #	Injured Taken By 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 Towing Service Owner Phone #			
Offense Charged	Offense Description	Citation #	Local Code? 'X' If Yes

Occupant

Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
C					
Address (Street, City, State, Zip Code)			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	14 Safety Equipment	1 Air Bag	4 Air Bag Switch	1 Ejection	1 Trapped	1 Injuries
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	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	1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	1 Not Present 2 In On Position 3 In Off Position 4 Unknown	1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown
						Supplement * 'X' if Yes

Narrative

Unit 1 was traveling North-East on Industrial Drive from Shaker Road. Unit 1 lost control of vehicle, over-corrected, ran up onto the guard rail, over a small tree, and slid down the hillside and came to a stop in the ditch line.

Manner Of Collision or Impact



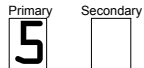
- 1 Not Collision Between
- Two Vehicles In Transport
- 2 Rear-end
- 3 Head-on
- 4 Rear-To-Rear
- 5 Backing
- 6 Angle
- 7 Sideswipe, Same Direction
- 8 Sideswipe, Opposite Direction
- 9 Unknown

Weather



- 01 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



- 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 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



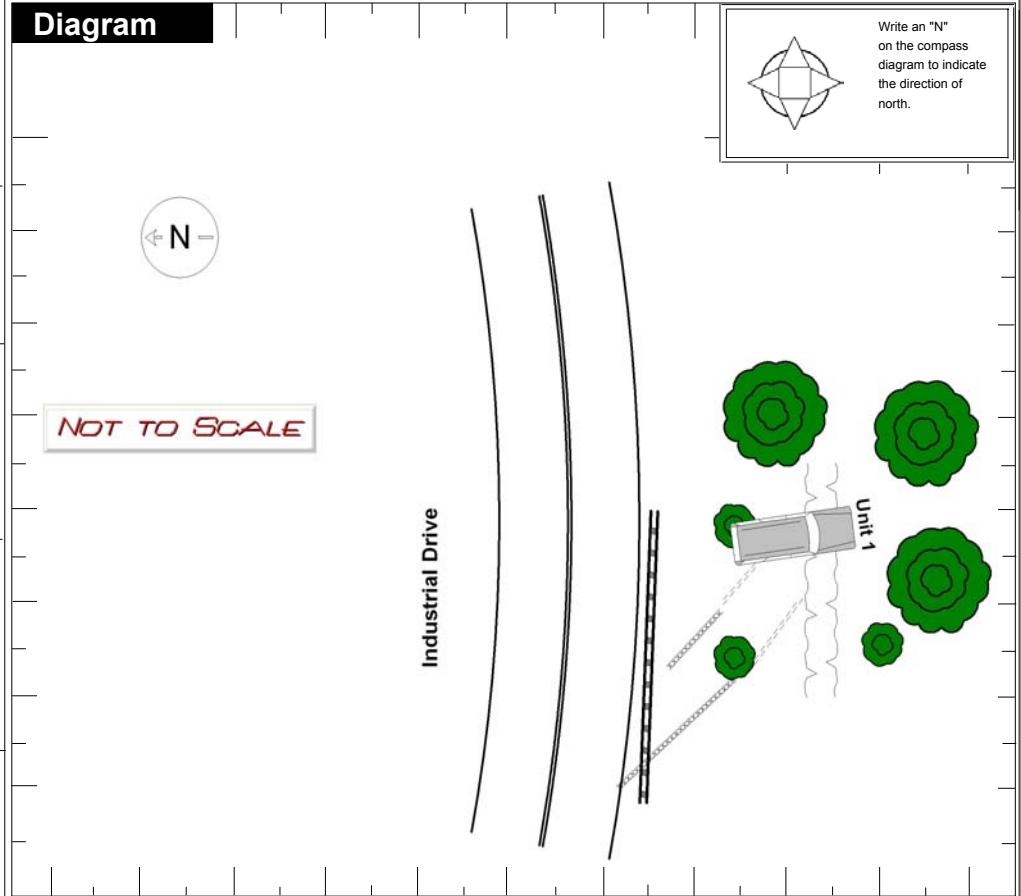
- 1 Before First Work Zone
- Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present



- 1 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: 11/27/2011 Time Rec Call: 1844 Dispatch: 1844 Arrived: 1850 Cleared: 2003 Other: 60 Total Minutes: 139

Officer's Name: CRAIG, AMANDA Badge #: 02101 Checked By: Smith, Terry Date Report Filed: 11/27/2011

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 #: 11-411