

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-416	2 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	11292011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1724	TUE				Franklin	83		

CRASH OCCURRED ON			Type Location Point Used		LOCAL INFORMATION		
Prefix	Crash Location	Type Loc	1 Named Street	3 Numbered Route			
N	Main ST	1	2 Numbered Street				
AT / REFERENCE			Reference Point Used				
Dist Reference	DR	Prefix	Reference	Ref Point	04 House Number	08 Place Name W/O Reference	
			875 N. Main Street	04	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	

Unit #	# of Occ.	Name (Last, First, Middle)					
A	01 01	WILLMANN WILLIAM E					
Address (Street, City, State, Zip Code)							
3369 LUTHERAN CHURCH RD FARMERSVILLE OH 45325							
Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #		
	08161954	57					
DL State	DL #	LP State	LP #	Injured Taken By	1 None	4 Other	Transported By
OH	RR679651	OH	PVQ2912	1	2 EMS	5 Unknown	Injured Taken To
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)			
WILLMANN WILLIAM E				3369 LUTHERAN CHURCH RD FARMERSVILLE OH 45325			
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #	
1998	INTL	2600	WHT	Progressive 419-394-4141			
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes				
333.03A	Assured Clear Distance Ahead	00093	X				

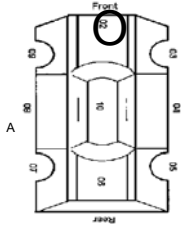
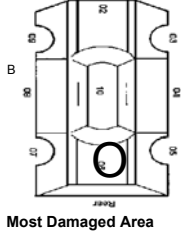
Motorist / Non-Motorist

Unit #	# of Occ.	Name (Last, First, Middle)					
B	02 01	SYMONDS KYRAH S					
Address (Street, City, State, Zip Code)							
3139 CLOISTER LN DAYTON OH 45449							
Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #		
	10031989	22	F				
DL State	DL #	LP State	LP #	Injured Taken By	1 None	4 Other	Transported By
OH	SY589402	OH	EMU3530	1	2 EMS	5 Unknown	Injured Taken To
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)			
MORITZ BEULAH				3139 CLOISTER LN DAYTON OH 45449			
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #	
2005	VOLK		BLK	Progressive 800-776-4737	Fugates Auto		
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	Transported By	Injured Taken To
								1 None 4 Other		
								2 EMS 5 Unknown		
								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		
								2 EMS 5 Unknown		
								3 Police		

01 01 Front - Left (MC Driver)	14 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 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	1 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	4 1 Not Present 2 In On Position 3 In Off Position 4 Unknown	1 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	1 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	1 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown
01 02 Front - Middle						
01 03 Front - Right						
01 04 Second - Left (MC Pass)						
01 05 Second - Middle						
01 06 Second - Right						
01 07 Third - Left						
01 08 Third - Middle						
01 09 Third - Right						
01 10 Sleeper Section Of Cab						
01 11 Enclosed Cargo Area						
01 12 Unenclosed Cargo Area						
01 13 Trailing Unit						
01 14 Exterior						
01 15 Other						
01 16 Non-Motorist						
01 17 Unknown						

Unit Numbers <input type="text" value="01"/> <input type="text" value="02"/>	Damage Area   Most Damaged Area <input type="text" value="02"/> <input type="text" value="06"/>	Pre-Crash Actions <input type="text" value="01"/> <input type="text" value="01"/>	Sequence Of Events <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text" value="20"/></td> </tr> <tr> <td><input type="text" value="2"/></td> <td><input type="text" value="2"/></td> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value="4"/></td> <td><input type="text" value="4"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	Posted Speed <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Drug Test Status <input type="text" value="1"/> <input type="text" value="1"/>
A	B														
<input type="text" value="20"/>	<input type="text" value="20"/>														
<input type="text" value="2"/>	<input type="text" value="2"/>														
<input type="text" value="3"/>	<input type="text" value="3"/>														
<input type="text" value="4"/>	<input type="text" value="4"/>														
Non-Motorist Location <input type="text" value="05"/> <input type="text" value="05"/>		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 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 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	01 None 02 Test Refused 03 Test Given, Contaminated Sample/Unusable 04 Test Given, Results Known 05 Test Given, Results Unknown 06 Unknown										
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				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	Drug Test Type <input type="text" value="1"/> <input type="text" value="1"/>										
Type Of Unit <input type="text" value="11"/> <input type="text" value="03"/>		Contributing Circumstances <input type="text" value="02"/> <input type="text" value=""/> <input type="text" value=""/>		Direction From To From To <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	Drug Test 1&2 Result <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/>										
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				1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown	01 None 02 Marijuana 03 Cocaine 04 Opiates 05 Amphetamines 06 PCP 07 Other 08 Unknown at Time Of Reporting										
Point Of Impact <input type="text" value="02"/> <input type="text" value="06"/>				Condition <input type="text" value="1"/> <input type="text" value="1"/>	Type of Intersection <input type="text" value="01"/>										
Action <input type="text" value="3"/> <input type="text" value="4"/>				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	01 Not An Intersection 02 Four-Way Intersection 03 T-Intersection 04 Y-Intersection 05 Traffic Circle/Roundabout 06 Five-Point, Or More 07 On Ramp 08 Off Ramp 09 Crossover 10 Driveway/Access 11 Railway Grade Crossing 12 Shared-Use Paths Or Trails 13 Unknown										
In Emergency Response <input type="text" value="1"/> <input type="text" value=""/>			First Harmful Event <input type="text" value="1"/> <input type="text" value="1"/>	Alcohol/Drug Suspected <input type="text" value="1"/> <input type="text" value="1"/>	Occurrence <input type="text" value="1"/>										
Damage Scale <input type="text" value="2"/> <input type="text" value=""/>			Of the Sequence of Events - Which one is the First Harmful Event (1-4)	1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown	Road Contour <input type="text" value="1"/>										
Striking Vehicle: Override/ Underride <input type="text" value="1"/> <input type="text" value="1"/>			Most Harmful Event <input type="text" value="1"/> <input type="text" value="1"/>	Alcohol Test Status <input type="text" value="1"/> <input type="text" value="1"/>	Road Conditions Primary <input type="text" value="02"/> Secondary <input type="text" value=""/>										
Damage Area <input type="text" value="2"/> <input type="text" value=""/>			Of the Sequence of Events - Which One is the Most Harmful event (1-4)	1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown	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										
Vehicle Defect Code Only If '19' Selected Above <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			Speed Detected <input type="text" value=""/> <input type="text" value=""/>	Alcohol Test Type <input type="text" value="1"/> <input type="text" value="1"/>											
Speed <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/>			1 Stated 2 Estimated Speed	1 None 2 Blood 3 Urine 4 Breath 5 Other											
Supplement * 'X' if Yes <input type="text" value=""/> <input type="text" value=""/>				Alcohol Test Result <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>											
Local Report # * <input type="text" value="11-416"/>															

Narrative

Unit 1 and Unit 2 were behind a vehicle stopped in the roadway waiting to turn across traffic. Units 1 and 2 attempted to pass the stopped vehicle on the right side of the roadway. Unit 2 lost control and began to spin, Unit 1 failed to leave adequate space inbetween his vehicle and Unit 2, and rear-ended Unit 2 causing it to spin and come to a stop in the grass area next to the roadway. Unit 1 also struck a road sign in the course of the incident.

Manner Of Collision or Impact <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 1 1 No 2 Yes, Directly Involved 3 Yes, Indirectly Involved 4 Unknown	Diagram 	Write an "N" on the compass diagram to indicate the direction of north.				
Weather <input checked="" type="checkbox"/> 04 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	Work Zone Related <input checked="" type="checkbox"/> 1 1 No 2 Yes 3 Unknown		(Continuation of Diagram)	(Continuation of Diagram)			
Light Conditions Primary <input checked="" type="checkbox"/> 1 Secondary <input type="checkbox"/> 1 Daylight 2 Dawn 3 Dusk 4 Dark - Lighted Roadway 5 Dark - Not Lighted 6 Dark - Unknown Lighting 7 Glare 8 Other 9 Unknown	Type of Work Zone <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work On Shoulder Or Median 4 Intermittent/Moving Work 5 Other				(Continuation of Diagram)	(Continuation of Diagram)	
	Location Of Crash In <input type="checkbox"/> 1 Before First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area						(Continuation of Diagram)
	Workers Present <input type="checkbox"/> 1 No 2 Yes 3 Unknown	(Continuation of Diagram)					

Truck/Bus Unit # <input checked="" type="checkbox"/> 01	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 AND 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.
Company (From Shipping Papers) Metal Shredders Inc		Company Phone
Address (Street, City, St, Zip Code) 5101 Farmersville-W.Carr RD Miamisburg OH 45342		

US DOT 805470	ICC MC 358343	PUCO 133526-P	Trailer LP St. OH	Trailer LP Year 1996	Trailer LP # TNK4447	Placard #	# Dia.
Cargo Body Type <input checked="" type="checkbox"/> 1 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) <input checked="" type="checkbox"/> 2 1 Less/Equal 10,000 2 10,001 - 26,000 3 More Than 26,000	CDL Class <input checked="" type="checkbox"/> 1 1 Class A 2 Class B 3 Class C 4 Class M 5 Class D	Hazardous Materials Placard <input type="checkbox"/> 1 No 2 Yes 3 Unknown	Hazardous Material Released <input type="checkbox"/> 1 No 2 Yes 3 Not Applicable 4 Unknown			

Police Action						
Date Crash Reported 11292011	Time Rec Call 1449	Dispatch 1449	Arrived 1453	Cleared 1532	Other 60	Total Minutes 103
Officer's Name * CRAIG, AMANDA		Badge # * 02101	Checked By Smith, Terry		Date Report Filed * 11292011	
Report Taken By <input checked="" type="checkbox"/> 1 1 Police Agency 2 Motorist	Report Taken At <input checked="" type="checkbox"/> 1 1 Scene 2 Station 3 Other	Supplement * 'X' if Yes	Local Report # * 11-416			