

# OHIO TRAFFIC CRASH REPORT

Local Report # * <b>11-421</b>		Crash Severity <b>3</b> 1 Fatal 3 PDO 2 Injury 4 Unknown		Private Property X If Yes		Hit / Skip <b>1</b> 1 Not Hit / Skip 2 Solved 3 Unsolved		Photos Taken X If Yes		OH-2		OH-3		OH-1P		OTHER			
N.C.I.C. # * <b>08301</b>		Reporting Agency * <b>Franklin Police Department</b>				# Units <b>02</b>		Unit Error <b>01</b> 98 = Animal 99 = Unknown		Date of Crash * <b>11302011</b>									
Time of Crash <b>1549</b>		Day of Week <b>WED</b>		City * <b>X</b>		Village * <b></b>		TWP * <b></b>		Name ( Of City, Village or Township ) * <b>Franklin</b>				County # * <b>83</b>		Latitude		Longitude	

<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				
<b>S</b>	<b>MAIN ST</b>		<b>1</b>	<b>2 Numbered Street</b>				
<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		10 Street or Route W/O Reference	
			<b>223</b>	<b>04</b>				

<b>A</b>		Unit # <b>01</b>	# of Occ. <b>01</b>	Name (Last, First, Middle) <b>NORTHERN THOMAS A</b>			
Address (Street, City, State, Zip Code) <b>160 SKOKIAAN DR FRANKLIN OH 45005</b>							
Social Security Number		Date of Birth		Age	Sex	Home Phone #	
		<b>03091970</b>		<b>41</b>	<b>M</b>	<b>(937) 479-0131</b>	
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police		Injured Taken To
<b>OH</b>	<b>RQ562126</b>	<b>OH</b>	<b>BC89UW</b>	<b></b>			<b></b>
Owner Name (if same, write "SAME") <b>NORTHERN THOMAS A</b>				Address (Street, City, State, Zip Code) <b>160 SKOKIAAN DR FRANKLIN OH 45005</b>			
Year	Make	Model	Color	Insurance Company		Towing Service	Owner Phone #
<b>2004</b>	<b>FORD</b>	<b>F150</b>	<b>RED</b>	<b>State Farm</b>			<b>(937) 479-0131</b>
Offense Charged		Offense Description			Citation #		Local Code? 'X' If Yes

Motorist / Non-Motorist

<b>B</b>		Unit # <b>02</b>	# of Occ. <b>01</b>	Name (Last, First, Middle) <b>HALE DONNIE R</b>			
Address (Street, City, State, Zip Code) <b>4566 AMELIA DR Franklin OH 45005-0000</b>							
Social Security Number		Date of Birth		Age	Sex	Home Phone #	
		<b>09101963</b>		<b>48</b>	<b>M</b>	<b>(937) 746-3393</b>	
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police		Injured Taken To
<b>OH</b>	<b>RK839520</b>	<b>OH</b>	<b>EUQ6752</b>	<b></b>			<b></b>
Owner Name (if same, write "SAME") <b>HALE DONNIE R</b>				Address (Street, City, State, Zip Code) <b>4566 AMELIA DR Franklin OH 45005-0000</b>			
Year	Make	Model	Color	Insurance Company		Towing Service	Owner Phone #
<b>2000</b>	<b>CHEV</b>	<b>SILVE</b>	<b>WHT</b>	<b>Mears Inc</b>			<b>(937) 746-3393</b>
Offense Charged		Offense Description			Citation #		Local Code? 'X' If Yes

Occupant

<b>C</b>		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				
<b>D</b>		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				

<b>01</b>		<b>04</b>		<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>	
<b>Seating Position</b>		<b>Safety Equipment Motorist</b>		<b>Air Bag</b>		<b>Air Bag Switch</b>		<b>Ejection</b>		<b>Trapped</b>		<b>Injuries</b>	
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		<b>Non-Motorist</b>											
09 Third - Right		08 Non Used											
10 Sleeper Section Of Cab		09 Helmet Used											
11 Enclosed Cargo Area		10 Protective Pads											
12 Unenclosed Cargo Area		11 Reflective Clothing											
13 Trailing Unit		12 Lighting											
14 Exterior		13 Other											
15 Other		14 Unknown											
16 Non-Motorist													
17 Unknown													
												Supplement * 'X' if Yes	

<b>Unit Numbers</b> 	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> 	<b>Sequence Of Events</b> 	<b>Posted Speed</b> 	<b>Drug Test Status</b> 
<b>Non-Motorist Location</b> <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>	<b>Most Damaged Area</b> <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>	<b>Motorist</b> 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 <b>Non-Motorist</b> 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	<b>Non-Collision</b> 01 Overtum/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 <b>Collision w/ Person, Vehicle, Or Object Not Fixed</b> 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 <b>Collision with Fixed Object</b> 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	<b>Traffic Control</b> <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>	<b>Drug Test Type</b> <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>
<b>Type Of Unit</b> <p><b>Motorist</b>  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  <b>Non-Motorist</b>  35 Animal W/Rider  36 Animal W/Buggy  37 Bicycle  38 Pedestrian  39 Pedalcyclist  40 Skater  41 Other-Non Motorist  42 Unknown</p>	<b>Point Of Impact</b> <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>	<b>Contributing Circumstances</b> <p><b>Motorist</b>  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  <b>Non-Motorist</b>  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>	<b>Direction</b> From To From To <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p>	<b>Condition</b> <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>	<b>Drug Test 1&amp;2 Result</b> <p>1 None  2 Marijuana  3 Cocaine  4 Opiates  5 Amphetamines  6 PCP  7 Other  8 Unknown at Time Of Reporting</p>
<b>In Emergency Response</b> <p>1 No  2 Yes  3 Unknown</p>	<b>Action</b> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</p>	<b>Vehicle Defect Code Only If '19' Selected Above</b> <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>	<b>First Harmful Event</b> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	<b>Alcohol/Drug Suspected</b> <p>1 None  2 Yes-Alcohol Suspected  3 Yes-HBD Not Impaired  4 Yes-Drugs Suspected  5 Yes-Alcohol / Drugs Suspected  6 Unknown</p>	<b>Occurrence</b> <p>1 On Roadway  2 On Shoulder  3 In Median  4 On Roadside  5 On Gore  6 Outside Trafficway  7 Unknown</p>
<b>Damage Scale</b> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<b>Striking Vehicle: Override/ Underride</b> <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>	<b>Speed Detected</b> <p>1 Stated  2 Estimated Speed</p>	<b>Most Harmful Event</b> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Alcohol Test Status</b> <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>	<b>Road Contour</b> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p>
<b>Supplement * 'X' if Yes</b> 	<b>Local Report # *</b> 	<b>Speed</b> 	<b>Alcohol Test Type</b> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p>	<b>Alcohol Test Result</b> 	<b>Road Conditions</b> Primary Secondary <p>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</p>

# Narrative

Unit # 1 was traveling north bound on S. Main St approaching the intersection 2nd St. The driver of Unit # 1 stated as he passed 223 S. Main St he heard a loud bang. Unit # 1 driver stated he went on home and when he arrived he found his passenger side mirror broken on his vehicle. The driver of Unit # 1 stated he must have stuck another vehicle.

The driver of Unit # 1 stated he responded back to 223 S. Main St and found Unit # 2 that he had struck. Unit # 1 and Unit # 2 exchanged information and officers clear the call.

<b>Manner Of Collision or Impact</b> <input type="checkbox"/> 7 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	<b>School Bus Related</b> <input type="checkbox"/> 1 1 No 2 Yes, Directly Involved 3 Yes, Indirectly Involved 4 Unknown	<b>Diagram</b> 
<b>Weather</b> <input type="checkbox"/> 01 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	<b>Work Zone Related</b> <input type="checkbox"/> 1 1 No 2 Yes 3 Unknown	
<b>Light Conditions</b> Primary <input 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	<b>Type of Work Zone</b> <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work On Shoulder Or Median 4 Intermittent/Moving Work 5 Other  <b>Location Of Crash In</b> <input type="checkbox"/> 1 Before First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area  <b>Workers Present</b> <input type="checkbox"/> 1 1 No 2 Yes 3 Unknown	

<b>Truck/Bus</b> Unit # <input type="text"/> Company (From Shipping Papers) <input type="text"/> Address (Street, City, St, Zip Code) <input type="text"/>	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.	<b>A N D</b> 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.
---	---	---

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

<b>Police Action</b>						
Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
11302011	1549	1600	1600	1614	20	33
Officer's Name *	Badge # *	Checked By	Date Report Filed *			
SHANNON, DENNIS	1F46	Smith, Terry	11302011			
Report Taken By	Report Taken At	Supplement *	Local Report # *			
<input checked="" type="checkbox"/> 1 Police Agency <input type="checkbox"/> 2 Motorist	<input checked="" type="checkbox"/> 1 Scene <input type="checkbox"/> 2 Station <input type="checkbox"/> 3 Other	<input type="checkbox"/> X if Yes	11-421			