

# OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-332	3 1 Fatal 3 PDO 2 Injury 4 Unknown	'X' If Yes	3 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	10012011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1841	SAT	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			
DALE	AV	1	2 Numbered Street				
<b>AT / REFERENCE</b>			<b>Reference Point Used</b>				
Dist Reference	DR	Prefix	Reference	Ref Point	04 House Number	08 Place Name W/O Reference	
			1149	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		UNKNOWN
Address (Street, City, State, Zip Code)		

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #		
			M				
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To
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		

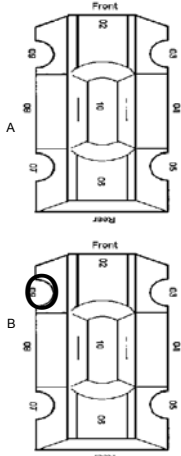
Unit #	# of Occ.	Name (Last, First, Middle)					
B 02							
Address (Street, City, State, Zip Code)							
Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #		
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To
		OH	EE92YW				
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)				
AUSTERMAN JOHN D			4892 HARMAN DR		FRANKLIN OH 45005-0000		
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #	
2002	FORD	MUS	RED	Central Insurance		(513) 746-4253	
Offense Charged	Offense Description	Citation #			Local Code? 'X' If Yes		

Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
C 02	AUSTERMAN JOHN D	(513) 746-4253	12141952	58	M
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To
4892 HARMAN DR FRANKLIN OH 45005-0000			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		

<b>01</b>	<b>Seating Position</b>	<b>Safety Equipment</b>	<b>Air Bag</b>	<b>Air Bag Switch</b>	<b>Ejection</b>	<b>Trapped</b>	<b>Injuries</b>
A	01 Front - Left ( MC Driver)	01 None Used	1 Not Deployed	1 Not Present	1 Not Ejected	1 Not Trapped	1 No Injury
B	02 Front - Middle	02 Shoulder Belt Only	2 Deployed-Front	2 In On Position	2 Totally Ejected	2 Extricated By Mechanical Means	2 Possible
C	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
D	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

Motorist / Non-Motorist

Occupant

<b>Unit Numbers</b> <input type="text" value="01"/> <input type="text" value="02"/>	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> <input type="text" value="23"/> <input type="text" value="10"/>	<b>Sequence Of Events</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="49"/></td> <td><input type="text" value="21"/></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="49"/>	<input type="text" value="21"/>	<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"/>	<b>Posted Speed</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>Drug Test Status</b> <input type="text" value=""/> <input type="text" value=""/>
A	B														
<input type="text" value="49"/>	<input type="text" value="21"/>														
<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"/>														
<b>Non-Motorist Location</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <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> <input type="text" value="15"/> <input type="text" value="08"/>	<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 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 <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> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="01"/> <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> <input type="text" value=""/> <input type="text" value=""/> <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>Drug Test 1&amp;2 Result</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <p>1 None  2 Marijuana  3 Cocaine  4 Opiates  5 Amphetamines  6 PCP  7 Other  8 Unknown at Time Of Reporting</p>										
<b>Type Of Unit</b> <input type="text" value="42"/> <input type="text" value="03"/>	<b>Point Of Impact</b> <input type="text" value="15"/> <input type="text" value="08"/>	<b>Contributing Circumstances</b> <input type="text" value="22"/> <input type="text" value="01"/>	<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	<b>Direction</b> From To From To <input type="text" value="99"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p>	<b>Type of Intersection</b> <input type="text" value="01"/> <p>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</p>										
<b>Motorist</b> 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	<b>Action</b> <input type="text" value="3"/> <input type="text" value="4"/> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</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	<b>First Harmful Event</b> <input type="text" value="1"/> <input type="text" value="1"/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	<b>Condition</b> <input type="text" value=""/> <input type="text" value=""/> <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>Occurrence</b> <input type="text" value="1"/> <p>1 On Roadway  2 On Shoulder  3 In Median  4 On Roadside  5 On Gore  6 Outside Trafficway  7 Unknown</p>										
<b>In Emergency Response</b> <input type="text" value="1"/> <input type="text" value="1"/> <p>1 No  2 Yes  3 Unknown</p>	<b>Striking Vehicle: Override/ Underride</b> <input type="text" value="7"/> <input type="text" value="1"/> <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>Vehicle Defect Code Only If '19' Selected Above</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <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>Most Harmful Event</b> <input type="text" value="1"/> <input type="text" value="1"/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Alcohol/Drug Suspected</b> <input type="text" value=""/> <input type="text" value=""/> <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>Road Contour</b> <input type="text" value="1"/> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p>										
<b>Damage Scale</b> <input type="text" value="6"/> <input type="text" value="2"/> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<b>Alcohol Test Status</b> <input type="text" value=""/> <input type="text" value=""/> <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>Speed Detected</b> <input type="text" value=""/> <input type="text" value="1"/> <p>1 Stated  2 Estimated Speed</p>	<b>Alcohol Test Type</b> <input type="text" value=""/> <input type="text" value=""/> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p>	<b>Alcohol Test Result</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p>	<b>Road Conditions</b> Primary <input type="text" value="01"/> Secondary <input type="text" value=""/> <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>										
Top Copy - ODPS		Bottom Copy - Agency		Supplement * 'X' if Yes <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Local Report # * <input type="text" value="11-332"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>											

# Narrative

Unit 2 was parked on the roadway in front of said residence. Unit 2 was found to have damage to the front fender/door area. Appears Unit 1 backed into Unit 2. Unit 1 was not on scene and details are unknown at this time.

## Manner Of Collision or Impact

**5**

- 1 Not Collision Between
- 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**

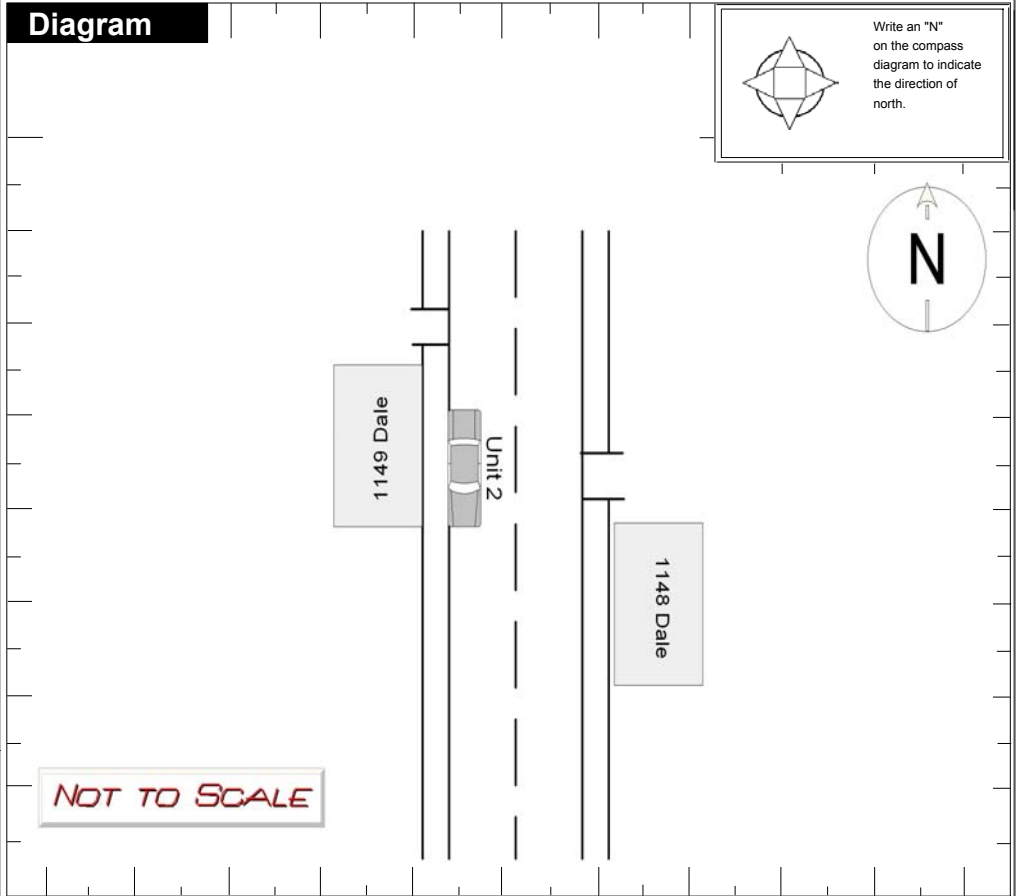
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## Workers Present

**1**

- 1 No
- 2 Yes
- 3 Unknown

## Diagram



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: **10012011** Time Rec Call: **1841** Dispatch: **1844** Arrived: **1850** Cleared: **1907** Other: **60** Total Minutes: **83**

Officer's Name \*

**CRAIG, AMANDA**

Badge # \*

**02101**

Checked By

**Diekman, Edward**

Date Report Filed \*

**10012011**

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 # \*

**11-332**