

OHIO TRAFFIC CRASH REPORT

Local Report # * 11-333		Crash Severity 3 1 Fatal 3 PDO 2 Injury 4 Unknown		Private Property If Yes <input type="checkbox"/>	Hit / Skip 1 1 Not Hit / Skip 2 Solved 3 Unsolved	Photos Taken If Yes <input checked="" type="checkbox"/>	OH-2	OH-3	OH-1P	OTHER
N.C.I.C. # * 08301		Reporting Agency * Franklin Police Department		# Units 02	Unit Error 01 98 = Animal 99 = Unknown	Date of Crash * 10032011				
Time of Crash 1513	Day of Week MON	City *	Village *	TWP *	Name (Of City, Village or Township) *		County # * 83	Latitude	Longitude	

CRASH OCCURRED ON			Type Location Point Used			LOCAL INFORMATION			
Prefix S	Crash Location River ST		Type Loc	1 Named Street 3 Numbered Route 2 Numbered Street		S RIVER ST			
AT / REFERENCE			Reference Point Used			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		
	W		Eighth	02	02 Intersection 2 Streets 06 Mile Post 07 Corporation Limit				

A	Unit # 01	# of Occ. 01	Name (Last, First, Middle) DASKALAKIS TOM A	
Address (Street, City, State, Zip Code) 3334 SOUTHFIELD DR BEAVERCREEK OH 45434				
Social Security Number		Date of Birth 02061968	Age 43	Sex M
DL State OH	DL # RM061410	LP State OH	LP # EST1735	Injured Taken By 1 1 None 4 Other 2 EMS 5 Unknown 3 Police
Owner Name (if same, write "SAME") DASKALAKIS TOM A		Address (Street, City, State, Zip Code) 3334 SOUTHFIELD DR BEAVERCREEK OH 45434		
Year 2000	Make DODG	Model	Color WHT	Insurance Company Ward Insurance 937-299-8
Offense Charged 331.17		Offense Description Right Of Way Turning Left		Citation # 00043
Local Code? <input checked="" type="checkbox"/> If Yes				

B	Unit # 02	# of Occ. 01	Name (Last, First, Middle) BUCHANAN MARY L	
Address (Street, City, State, Zip Code) 8938 GARLAND ST CARLISLE OH 45005				
Social Security Number		Date of Birth 02151944	Age 67	Sex F
DL State OH	DL # RQ0560788	LP State OH	LP # FDQ5319	Injured Taken By 1 1 None 4 Other 2 EMS 5 Unknown 3 Police
Owner Name (if same, write "SAME") BUCHANAN MARY L		Address (Street, City, State, Zip Code) 8938 GARLAND ST CARLISLE OH 45005		
Year 2003	Make CHEV	Model	Color BLK	Insurance Company Motorist Mutual
Offense Charged		Offense Description		Citation #
Local Code? <input type="checkbox"/> If Yes				

C	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		1 None 4 Other		1 None 4 Other		
2 EMS 5 Unknown		2 EMS 5 Unknown		2 EMS 5 Unknown		
3 Police		3 Police		3 Police		

01 A 01 Front - Left (MC Driver) 02 Front - Middle 03 Front - Right	04 A 01 None Used 02 Shoulder Belt Only 03 Lap Belt Only	1 A 1 Not Deployed 2 Deployed-Front 3 Deployed-Side	1 A 1 Not Present 2 In On Position 3 In Off Position	1 A 1 Not Ejected 2 Totally Ejected 3 Partially Ejected	1 A 1 Not Trapped 2 Extricated By Mechanical Means	1 A 1 No Injury 2 Possible
01 B 04 Second - Left (MC Pass) 05 Second - Middle 06 Second - Right	04 B 04 Shoulder /Lap Belt 05 Child Safety Seat 06 MC Helmet Used	1 B 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	1 B 4 Unknown	1 B 4 Not Applicable 5 Unknown	1 B 3 Freed BY Non-Mechanical Means 4 Unknown	1 B 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown
C 07 Third - Left 08 Third - Middle 09 Third - Right	C 07 Use Unknown 08 Non Used 09 Helmet Used	C 10 Protective Pads 11 Reflective Clothing	C	C	C	C
D 10 Sleeper Section Of Cab 11 Enclosed Cargo Area 12 Unenclosed Cargo Area	D 10 Protective Pads 11 Reflective Clothing 12 Lighting	D 12 Lighting 13 Other 14 Unknown	D	D	D	D
Supplement * <input type="checkbox"/> 'X' if Yes						

Motorist / Non-Motorist

Occupant

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location 		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 	Drug Test Type
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	Most Damaged Area 	Contributing Circumstances 	Direction From To From To 	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 1&2 Result
Type Of Unit 		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	Collusion 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	Condition 	Drug Test Type 1 None 2 Blood 3 Urine 4 Other
Point Of Impact 	Action 	Vehicle Defect Code Only If '19' Selected Above 	First Harmful Event 	Alcohol/Drug Suspected 	Type of Intersection
In Emergency Response 	Striking Vehicle: Override/ Underride 	Speed Detected 	Most Harmful Event 	Alcohol Test Status 	Occurrence
Damage Scale 	Striking Vehicle: Override/ Underride 	Speed 	Alcohol Test Type 	Alcohol Test Result 	Road Contour
Damage Scale 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown	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	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	Alcohol Test Result 	Road Conditions Primary Secondary 	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
Supplement * 'X' if Yes 	Local Report # * 				** Secondary Road Conditions ONLY

Narrative

Unit 1 was traveling southbound on River Street in the right-hand lane. Unit 2 was traveling southbound on River Street in the left-hand lane. Unit 1 turned left across traffic to turn East onto Eighth Street, striking Unit 2 in the front passenger-side fender.

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

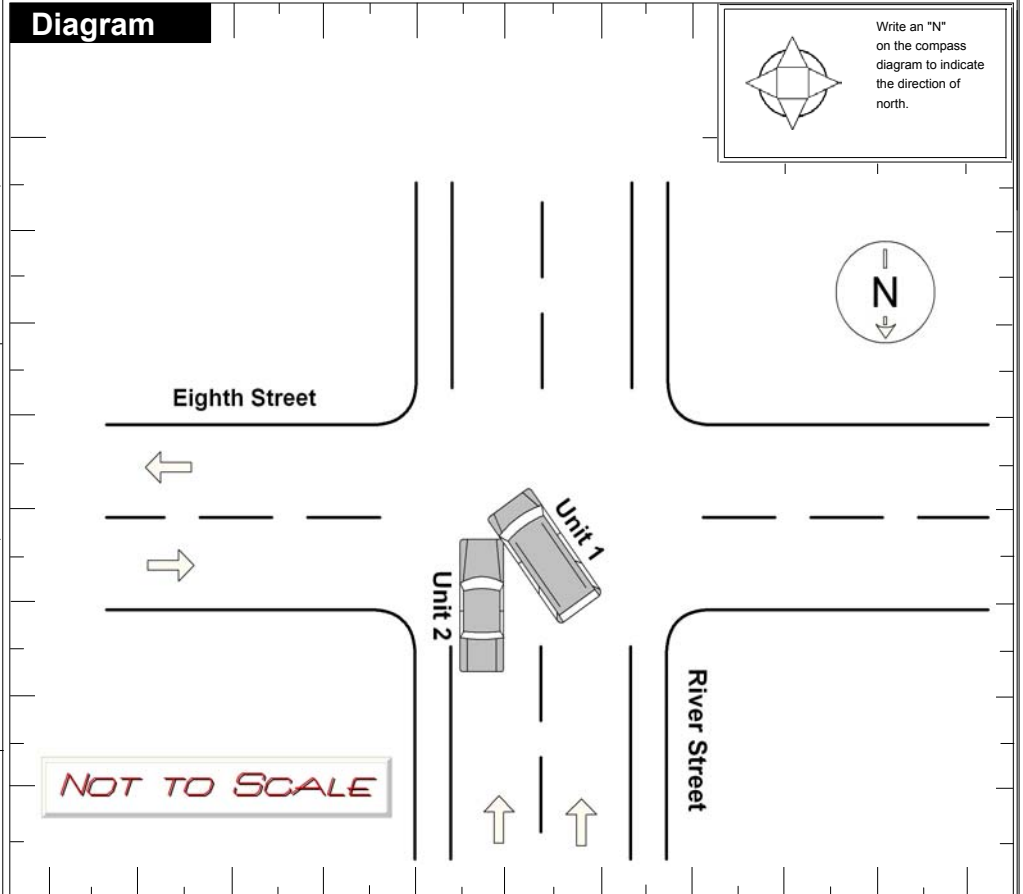
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

Diagram



Weather

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

Light Conditions

1

- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Dark - Lighted Roadway
- 5 Dark - Not Lighted
- 6 Dark - Unknown Lighting
- 7 Glare
- 8 Other
- 9 Unknown

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: 10032011 Time Rec Call: 1513 Dispatch: 1513 Arrived: 1517 Cleared: 1539 Other: 60 Total Minutes: 86

Officer's Name: CRAIG, AMANDA Badge #: 02101 Checked By: Diekman, Edward Date Report Filed: 10032011

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 #: 11-333