

# OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-342	3 1 Fatal 3 PDO 2 Injury 4 Unknown	'X' If Yes	2 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	10062011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name ( Of City, Village or Township ) *	County # *	Latitude	Longitude
1759	THU	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				
E	SR 73	3	2 Numbered Street				E 2ND ST	
<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	
			IR-75	02	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	BLACKFORD KEVIN G						
Address (Street, City, State, Zip Code)								
904 CRAWFORD ST MIDDLETOWN OH 45044								
Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #			
	09071976	35	M	(513) 420-2633				
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other	2 EMS 5 Unknown	3 Police	Transported By
OH	RJ474807	OH	EWV9783					Injured Taken To
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)				
BLACKFORD KEVIN G				904 CRAWFORD ST MIDDLETOWN OH 45044				
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #		
1995	PONI	TRANS	RED	Nationwide Inc		(513) 420-2633		
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes					
333.03A	Assured Clear Distance Ahead	01686	X					

Motorist / Non-Motorist

Unit #	# of Occ.	Name (Last, First, Middle)						
B	02 01	REGAN MOLLY K						
Address (Street, City, State, Zip Code)								
1765 E CENTRAL AVE MIAMISBURG OH 45342								
Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #			
	11271994	16	F	(937) 838-3668				
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other	2 EMS 5 Unknown	3 Police	Transported By
OH	TU285219	OH	FGK5457					Injured Taken To
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)				
REGAN SCOTT R				1765 E CENTRAL AVE MIAMISBURG OH 45342				
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #		
2001	MITS	LAN	RED	Progressive Inc				
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		

<b>01</b> 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	<b>04</b> <b>Safety Equipment Motorist</b> 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 <b>Non-Motorist</b> 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	<b>1</b> <b>Air Bag</b> 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	<b>1</b> <b>Air Bag Switch</b> 1 Not Present 2 In On Position 3 In Off Position 4 Unknown	<b>1</b> <b>Ejection</b> 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	<b>1</b> <b>Trapped</b> 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	<b>1</b> <b>Injuries</b> 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 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 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> <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>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>	
<b>In Emergency Response</b> 		<b>Supplement * 'X' if Yes</b> 		<b>Local Report # *</b> 	

# Narrative

The driver of Unit # 2 stated she had stopped for the red light on SR 73 east bound in the left lane at IR 75. The driver of Unit # 2 stated while she was waiting for the light to turn green she was struck by Unit # 1. The driver of Unit # 2 stated she exited the vehicle and spoke with the driver of Unit # 1. The driver of Unit # 2 stated the two agreed to pull into the parking lot of the old B.P. Gas Station on the Springboro side.

The driver of Unit # 2 stated as she pulled in Unit # 1 did not stop and drove away.

A witness to the crash stop with the driver of Unit # 2 and was able to provide her with the licence plate number to Unit # 1.

<b>Manner Of Collision or Impact</b> <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	<b>School Bus Related</b> <input checked="" type="checkbox"/> 1 1 No 2 Yes, Directly Involved 3 Yes, Indirectly Involved 4 Unknown	<b>Diagram</b> 		Write an "N" on the compass diagram to indicate the direction of north.		
<b>Weather</b> <input checked="" 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 checked="" type="checkbox"/> 1 1 No 2 Yes 3 Unknown			<b>Work Zone Related</b> <input type="checkbox"/> 1 1 Lane Closure 2 Lane Shift/Crossover 3 Work On Shoulder Or Median 4 Intermittent/Moving Work 5 Other		SR 73 WB On Ramp to IR-75 SB Unit 2 Unit 1 NOT TO SCALE
<b>Light Conditions</b> 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	<b>Type of Work Zone</b> <input type="checkbox"/> 1 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 1 Before First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area		
	<b>Workers Present</b> <input checked="" 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.	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.
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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>	<b>Weight (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Material Released</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	<input type="checkbox"/> 1 Less/Equal 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 More Than 26,000	<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	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Unknown	<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
10062011	1759	1800	1809	1839	60	98
Officer's Name *	Badge # *	Checked By	Date Report Filed *			
SHANNON, DENNIS	1F46	Smith, Terry	10062011			
Report Taken By <input checked="" type="checkbox"/> 1 Police Agency <input type="checkbox"/> 2 Motorist	Report Taken At <input checked="" type="checkbox"/> 1 Scene <input type="checkbox"/> 2 Station <input type="checkbox"/> 3 Other	Supplement * <input type="checkbox"/> X if Yes	Local Report # *	11-342		