

OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
11-00350		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		98 = Animal 99 = Unknown		10132011									
Time of Crash		Day of Week		City *		Village *		TWP *		Name (Of City, Village or Township) *		County # *		Latitude		Longitude	
2152		THU						X		Franklin		83					

CRASH OCCURRED ON			Type Location Point Used			LOCAL INFORMATION		
Prefix	Crash Location		Type Loc	1 Named Street 3 Numbered Route 2 Numbered Street		BROOKSHIRE LN		
S	DIXIE HWY		1					
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		06 Mile Post 10 Street or Route W/O Reference	
				02	02 Intersection 2 Streets 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	01	ROBERTS RICHARD S					
Address (Street, City, State, Zip Code)							
15 CEDAR ST FRANKLIN OH 45005							
Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #		
	12311958	52	M	(937) 902-7774			
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	RQ560378	OH	ELS4314	1			
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)			
GRIFFIN KIMBERLY L				15 CEDAR ST FRANKLIN OH 45005			
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #	
	CHEV	1500	BLK	Dairyland Insurance		(513) 324-9624	
Offense Charged	Offense Description			Citation #	Local Code? 'X' If Yes		

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) 02 Front - Middle 03 Front - Right	04 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	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
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	04 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown					

Motorist / Non-Motorist

Occupant

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location <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>	Most Damaged Area 	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 13 Unknown 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 <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>	Drug Test Type <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>
Type Of Unit 	Point Of Impact 	Contributing Circumstances 	Direction From To From To <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p>	Condition <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>	Drug Test 1&2 Result <p>1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting</p>
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	Action <p>1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown</p>	Vehicle Defect Code Only If '19' Selected Above <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>	First Harmful Event <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Alcohol/Drug Suspected <p>1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown</p>	Type Of Intersection <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>
In Emergency Response <p>1 No 2 Yes 3 Unknown</p>	Striking Vehicle: Override/ Underride <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>	Speed Detected <p>1 Stated 2 Estimated Speed</p>	Most Harmful Event <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Alcohol Test Status <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>	Road Contour <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p>
Damage Scale <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	Alcohol Test Type <p>1 None 2 Blood 3 Urine 4 Breath 5 Other</p>	Speed 	Alcohol Test Result 	Alcohol Test Result 	Road Conditions 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>
Top Copy - ODPS Bottom Copy - Agency		Supplement * 'X' if Yes Local Report # * 			

Narrative

On 10-13-2011 at 2152 hours, I responded to S. Dixie and Brookshire in reference to a hit/skip crash. Upon arrival, I made contact with the driver of Unit 2. He advised me he was traveling Northbound on Dixie when a truck went left of center and struck his driver-side mirror. The impact broke the glass in the mirror and also the glass in the driver-side window. The Unit 2 driver advised the driver of Unit 1 did not stop. Unit 1 was gone on my arrival.

Manner Of Collision or Impact



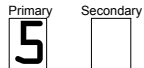
- 1 Not Collision Between
- 2 Rear-end
- 3 Head-on
- 4 Rear-To-Rear
- 5 Backing
- 6 Angle
- 7 Sideswipe, Same Direction
- 8 Sideswipe, Opposite Direction
- 9 Unknown

Weather



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

School Bus Related



- 1 No
- 2 Yes, Directly Involved
- 3 Yes, Indirectly Involved
- 4 Unknown

Work Zone Related



- 1 No
- 2 Yes
- 3 Unknown

Type of Work Zone



- 1 Lane Closure
- 2 Lane Shift/Crossover
- 3 Work On Shoulder Or Median
- 4 Intermittent/Moving Work
- 5 Other

Location Of Crash In



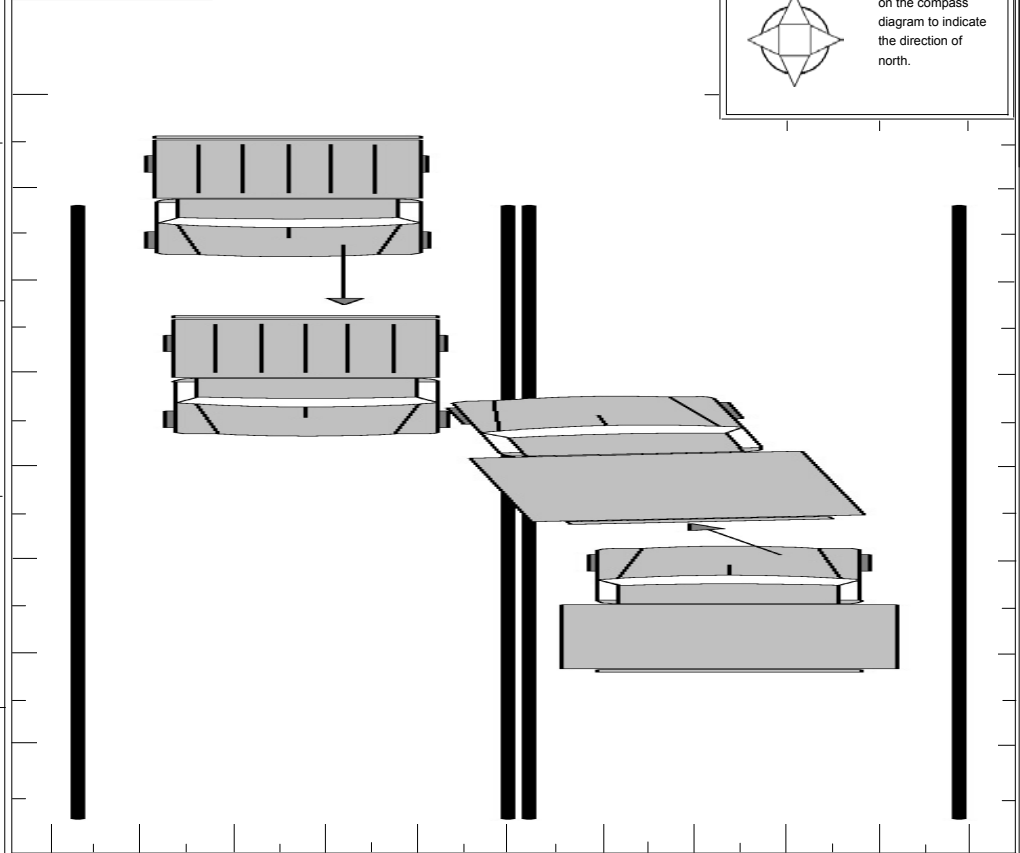
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present



- 1 No
- 2 Yes
- 3 Unknown

Diagram



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	05 Pole	09 Concrete Mixer	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Material Released
	02 Bus (9-15) Including Driver	06 Cargo Tan	10 Auto Transporter				
	03 Van/Enclosed Box	07 Flatbed	11 Garbage/Refuse	2 10,001 - 26,000	2 Class B	2 Yes	2 Yes
	04 Grain/Chips/Gravel	08 Dump	12 Other	3 More Than 26,000	3 Class C	3 Unknown	3 Not Applicable
			13 Unknown		4 Class M		4 Unknown
					5 Class D		

Police Action

Date Crash Reported: 10/13/2011 Time Rec Call: 2152 Dispatch: 2153 Arrived: 2200 Cleared: 2209 Other: 15 Total Minutes: 31

Officer's Name: COLVIN, JORDAN Badge #: F49 Checked By: Smith, Terry Date Report Filed: 10/13/2011

Report Taken By: 1 Police Agency 2 Motorist Report Taken At: 1 Scene 2 Station 3 Other Supplement: X if Yes Local Report #: 11-00350