

# OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-354	3 1 Fatal 3 PDO 2 Injury 4 Unknown	'X' If Yes	1 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	10152011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1744	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			
N	MAIN	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	
			Warren Ave	02	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	

<b>A</b>	Unit #	# of Occ.	Name (Last, First, Middle)				
	01	01	PARRISH JESSAMYN E				
Address (Street, City, State, Zip Code)							
10499 S UNION RD MIAMISBURG OH 45342							
Social Security Number		Date of Birth	Age	Sex	Home Phone #		Work Phone #
		04041992	19	F	(937) 369-4868		
DL State	DL #	LP State	LP #	Injured Taken By	1 None	4 Other	Transported By
OH	TK986297	OH	EMY8981		2 EMS	5 Unknown	
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)			
PARRISH JANET R				10499 S UNION RD MIAMISBURG OH 45342			
Year	Make	Model	Color	Insurance Company		Towing Service	Owner Phone #
1999	FORD	RANG	GLD				
Offense Charged		Offense Description			Citation #	Local Code? 'X' if Yes	
333.03A		Assured Clear Distance Ahead			01640	X	

<b>B</b>	Unit #	# of Occ.	Name (Last, First, Middle)				
	02	01	FERRELL DONNA M				
Address (Street, City, State, Zip Code)							
6064 FIFTH AV MIAMISBURG OH 45342							
Social Security Number		Date of Birth	Age	Sex	Home Phone #		Work Phone #
		05241972	39		(937) 743-1857		
DL State	DL #	LP State	LP #	Injured Taken By	1 None	4 Other	Transported By
OH	RR487362	OH	FCF5206		2 EMS	5 Unknown	
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)			
SMITH CHRISTOPHER W				6064 5TH AVE MIAMISBURG OH 45342			
Year	Make	Model	Color	Insurance Company		Towing Service	Owner Phone #
1999	CHRY	TOW	GLD	ERIE INSURANCE			
Offense Charged		Offense Description			Citation #	Local Code? 'X' if Yes	

<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>4</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	08 Non Used					
09 Third - Right	09 Helmet Used					
10 Sleeper Section Of Cab	10 Protective Pads					
11 Enclosed Cargo Area	11 Reflective Clothing					
12 Unenclosed Cargo Area	12 Lighting					
13 Trailing Unit	13 Other					
14 Exterior	14 Unknown					
15 Other						
16 Non-Motorist						
17 Unknown						
						Supplement * 'X' if Yes

Motorist / Non-Motorist

Occupant

<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>Speed</b> 	<b>Alcohol Test Type</b> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p>	<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>Alcohol Test Result</b> 	<b>Supplement * 'X' if Yes</b> Local Report # * 

# Narrative

On 10-15-11 at 5:44 P.M. I responded to the area of N. Main St. and Warren Ave. in reference to a traffic crash. Upon my arrival I determined that unit 1 failed to maintain assured clear distance ahead and struck unit 2. The driver of unit 1 was cited for ACDA, I cleared with an OH-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			Warren Ave. N. Main St.		
<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 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 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 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.
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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
10152011	1744	1745	1749	1811	30	56
Officer's Name *	Badge # *	Checked By	Date Report Filed *			
SHANNON, JESSE	1F47	Smith, Terry	10152011			
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 # *	11-354		