

# OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
11-360		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		01		01 98 = Animal 99 = Unknown		10182011									
Time of Crash		Day of Week		City *		Village *		TWP *		Name ( Of City, Village or Township ) *		County # *		Latitude		Longitude	
1534		TUE		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			
INDUSTRIAL DR				1				2 Numbered Street			
<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			
N Industrial				04				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 02				TOWNSEND SANDRA K	
Address (Street, City, State, Zip Code)					
4464 UNION RD FRANKLIN OH 45005					

Social Security Number		Date of Birth		Age		Sex		Home Phone #		Work Phone #	
		12021960		50		F		(513) 314-8106			
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 RU200406		OH DG13ZK		1							

Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)									
MUENNICH VICTORIA F				6835 FALLEN OAKS DR MASON OH 45040									
Year		Make		Model		Color		Insurance Company		Towing Service		Owner Phone #	
2003		KIA				SIL		Progressive Insurance 406				(513) 398-2980	

Offense Charged		Offense Description		Citation #		Local Code? 'X' if Yes	

Unit #		# of Occ.		Name (Last, First, Middle)	
B					
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	

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	

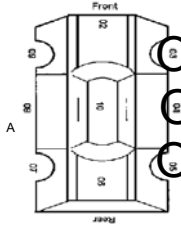
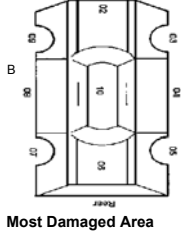
Unit #		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex	
C 01		YORK ADIN		(937) 746-3282		09132006		05		M	
Address (Street, City, State, Zip Code)				Injured Taken By		Transported By		Injured Taken To			
120 WATERSTONE DR FRANKLIN OH 45005				1 1 None 4 Other 2 EMS 5 Unknown 3 Police							

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			

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

Motorist / Non-Motorist

Occupant

<b>Unit Numbers</b> <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Sequence Of Events</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="08"/></td> <td><input type="text" value=""/> <input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/></td> </tr> </table>	A	B	<input type="text" value="08"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<b>Posted Speed</b> <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Drug Test Status</b> <input type="text" value="1"/> <input type="text" value=""/>
A	B														
<input type="text" value="08"/>	<input type="text" value=""/> <input type="text" value=""/>														
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<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>														
<b>Non-Motorist Location</b> <input type="text" value="11"/> <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>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 Overtun/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="01"/> <input type="text" value=""/> <input type="text" value=""/> <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="1"/> <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>Type Of Unit</b> <input type="text" value="03"/> <input type="text" value=""/> <input type="text" value=""/> <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>	<input type="text" value="04"/> <input type="text" value=""/> <input type="text" value=""/> <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> <input type="text" value="14"/> <input type="text" value=""/> <input type="text" value=""/> <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 <input type="text" value="21"/> <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>Condition</b> <input type="text" value="1"/> <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>Drug Test 1&amp;2 Result</b> <input type="text" value="1"/> <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>In Emergency Response</b> <input type="text" value="1"/> <input type="text" value=""/> <p>1 No  2 Yes  3 Unknown</p>	<b>Point Of Impact</b> <input type="text" value="04"/> <input type="text" value=""/> <input type="text" value=""/> <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>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>First Harmful Event</b> <input type="text" value="1"/> <input type="text" value=""/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	<b>Alcohol/Drug Suspected</b> <input type="text" value="1"/> <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>Type of Intersection</b> <input type="text" value="01"/> <input type="text" value=""/> <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>Damage Scale</b> <input type="text" value="4"/> <input type="text" value=""/> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<b>Action</b> <input type="text" value="4"/> <input type="text" value=""/> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</p>	<b>Striking Vehicle: Override/ Underride</b> <input type="text" value="1"/> <input type="text" value=""/> <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>Most Harmful Event</b> <input type="text" value="1"/> <input type="text" value=""/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Alcohol Test Status</b> <input type="text" value="1"/> <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>Road Contour</b> <input type="text" value="1"/> <input type="text" value=""/> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p>										
<b>Speed Detected</b> <input type="text" value="2"/> <input type="text" value=""/> <p>1 Stated  2 Estimated Speed</p>		<b>Speed</b> <input type="text" value="30"/> <input type="text" value=""/> <input type="text" value=""/>		<b>Alcohol Test Type</b> <input type="text" value="1"/> <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=""/>										
<b>Supplement * 'X' if Yes</b>		<b>Local Report # *</b>		<input type="text" value="11-360"/>											

# Narrative

Unit 1 was traveling northbound on Industrial Drive and stated a large blue pickup truck, traveling southbound, crossed the center of the roadway causing her to swerve off the roadway. Unit 1 then struck a fire hydrant causing significant damage to the passenger side of the vehicle.

## Manner Of Collision or Impact



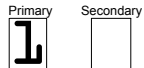
- 1 Not Collision Between  
Two Vehicles In Transport
- 2 Rear-end
- 3 Head-on
- 4 Rear-To-Rear
- 5 Backing
- 6 Angle
- 7 Sideswipe, Same Direction
- 8 Sideswipe, Opposite Direction
- 9 Unknown

## 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



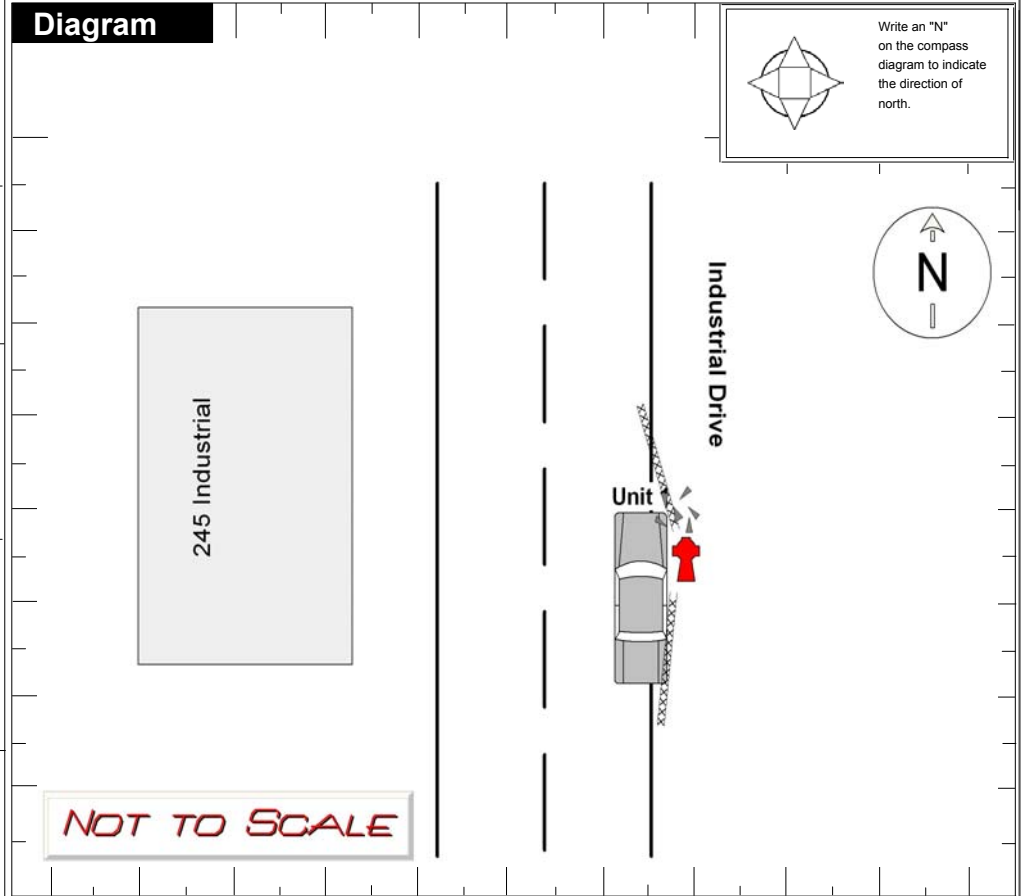
- 1 Before First Work Zone  
Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## Workers Present

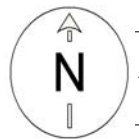


- 1 No
- 2 Yes
- 3 Unknown

## Diagram



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: 10182011 Time Rec Call: 1534 Dispatch: 1537 Arrived: 1543 Cleared: 1626 Other: 60 Total Minutes: 109

Officer's Name: CRAIG, AMANDA Badge #: 02101 Checked By: Smith, Terry Date Report Filed: 10182011

Report Taken By: 1 (1 Police Agency, 2 Motorist) Report Taken At: 3 (1 Scene, 2 Station, 3 Other) Supplement: X if Yes Local Report #: 11-360