

# OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
11-364		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		01		02 98 = Animal 99 = Unknown		10212011									
Time of Crash		Day of Week		City *		Village *		TWP *		Name ( Of City, Village or Township ) *		County # *		Latitude		Longitude	
1017		FRI								Franklin		83					

<b>CRASH OCCURRED ON</b>			<b>Type Location Point Used</b>			<b>LOCAL INFORMATION</b>		
Prefix Crash Location			Type Loc					
Commerce Center DR			1					
<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		
SR 73			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		

Unit #		# of Occ.		Name (Last, First, Middle)	
A 01 01				ABNER JAMES	
Address (Street, City, State, Zip Code)					
1303 E MCGUIRE ST MIAMISBURG OH 45342					

Social Security Number		Date of Birth		Age		Sex		Home Phone #		Work Phone #	
		12131943		67		M		(937) 866-4379			
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 RM308045		OH EVQ3056									

Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)									
ABNER JAMES				1303 E MCGUIRE ST MIAMISBURG OH 45342									
Year		Make		Model		Color		Insurance Company		Towing Service		Owner Phone #	
2007		FORD		F150		RED/RED		American Modern				(937) 866-4379	

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

Motorist / Non-Motorist

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 #	

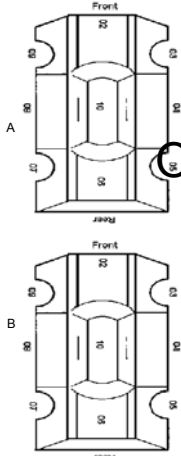
Offense Charged		Offense Description		Citation #		Local Code? 'X' If Yes	

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					

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					

<b>01 Seating Position</b>		<b>04 Safety Equipment Motorist</b>		<b>1 Air Bag</b>		<b>2 Air Bag Switch</b>		<b>1 Ejection</b>		<b>1 Trapped</b>		<b>1 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		<b>Non-Motorist</b>											
09 Third - Right		08 Non Used											
10 Sleeper Section Of Cab		09 Helmet Used											
11 Enclosed Cargo Area		10 Protective Pads											
12 Unenclosed Cargo Area		11 Reflective Clothing											
13 Trailing Unit		12 Lighting											
14 Exterior		13 Other											
15 Other		14 Unknown											
16 Non-Motorist													
17 Unknown													
												Supplement * 'X' if Yes	

<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="11"/> <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="20"/></td> <td><input type="text" value=""/> <input type="text" value="1"/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value="2"/></td> <td><input type="text" value=""/> <input type="text" value="2"/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value="3"/></td> <td><input type="text" value=""/> <input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value="4"/></td> <td><input type="text" value=""/> <input type="text" value="4"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text" value=""/> <input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value="3"/>	<input type="text" value=""/> <input type="text" value="3"/>	<input type="text" value=""/> <input type="text" value="4"/>	<input type="text" value=""/> <input type="text" value="4"/>	<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														
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<input type="text" value=""/> <input type="text" value="4"/>	<input type="text" value=""/> <input type="text" value="4"/>														
<b>Non-Motorist Location</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>Most Damaged Area</b> <input type="text" value="07"/> <input type="text" value=""/> <input type="text" value=""/>	<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> <input type="text" value="04"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Drug Test Type</b> <input type="text" value="1"/> <input type="text" value=""/>										
<b>Type Of Unit</b> <input type="text" value="04"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Point Of Impact</b> <input type="text" value="07"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Contributing Circumstances</b> <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Direction</b> From To From To <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Condition</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Drug Test 1&amp;2 Result</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
<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	<b>Action</b> <input type="text" value="4"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Vehicle Defect Code Only If '19' Selected Above</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>First Harmful Event</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Alcohol/Drug Suspected</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Occurrence</b> <input type="text" value="1"/> <input type="text" value=""/>										
<b>In Emergency Response</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>Striking Vehicle: Override/ Underride</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>Speed Detected</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Most Harmful Event</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Alcohol Test Status</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Road Contour</b> <input type="text" value="1"/> <input type="text" value=""/>										
<b>Damage Scale</b> <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Striking Vehicle: Override/ Underride</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>Speed</b> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Alcohol Test Type</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Alcohol Test Result</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>Road Conditions</b> Primary <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> Secondary <input type="text" value=""/> <input type="text" value=""/>										
Top Copy - ODPS		Bottom Copy - Agency		Supplement * 'X' if Yes <input type="text" value=""/> <input type="text" value=""/> Local Report # * <input type="text" value="11-364"/> <input type="text" value=""/> <input type="text" value=""/>											

# Narrative

Unit#1 stopped on Commerce Center Dr for a traffic light in the left turn lane. Unit#2 (unknown driver) traveling southbound struck Unit#1 with the driver side bumper causing damage to the passenger side back area of Unit#1 vehicle. Unit#2 left the area after the crash traveling westbound on SR-73. Units checked the area and wasn't able to locate the black suspect vehicle. Unit#1 wasn't able to get a license plate.

## 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

## 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

Primary: 1  
Secondary: 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

## 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

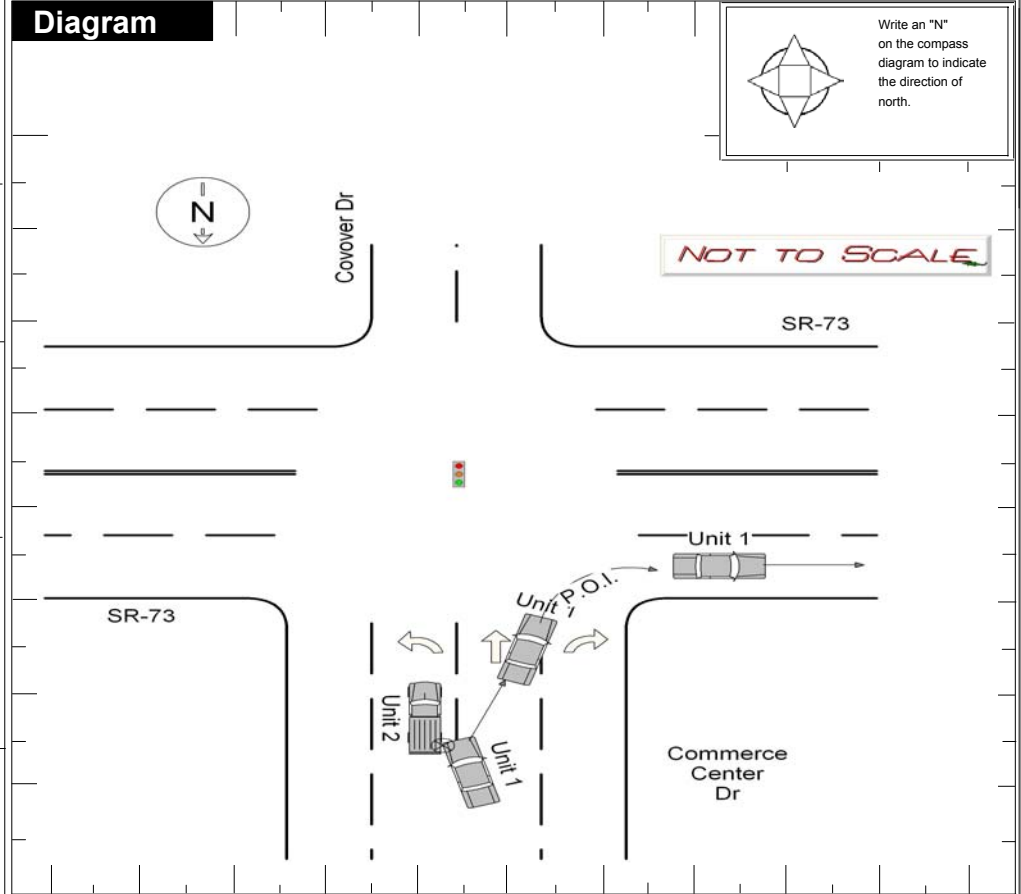
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

## Diagram



## 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: 10212011      Time Rec Call: 0947      Dispatch: 0947      Arrived: 0954      Cleared: 1010      Other: 10      Total Minutes: 33

Officer's Name: KEENE, CHRISTOPHER      Badge #: 1F44      Checked By: Diekman, Edward      Date Report Filed: 10212011

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 #: 11-364