

# OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-368	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	10222011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1159	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 2 Numbered Street		
	SR 123	3			
<b>AT / REFERENCE</b>			<b>Reference Point Used</b>		
Dist Reference	DR	Prefix	Reference	Ref Point	Reference Point Used
			Anderson ST	02	04 House Number 08 Place Name W/O Reference 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	02	COVEY AMBER N				
Address (Street, City, State, Zip Code)							
37 POTTER ST TRENTON OH 45067							
Social Security Number		Date of Birth	Age	Sex	Home Phone #	Work Phone #	
		12161989	21	F	(513) 320-0026		
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	TB110368	OH	FGM8509				
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)				
MONK STEVE			10660 WOOD RD MIAMISBURG OH 45342				
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #	
2000	FORD	FOCUS	GRN	Alfa Vision Insurance		(513) 435-1506	
Offense Charged		Offense Description		Citation #	Local Code? 'X' if Yes		
333.03A		Assured Clear Distance Ahead		01709	X		

Motorist / Non-Motorist

<b>B</b>	Unit #	# of Occ.	Name (Last, First, Middle)				
	02	02	STREET HEATHER A				
Address (Street, City, State, Zip Code)							
1007 NELBAR ST MIDDLETOWN OH 45042							
Social Security Number		Date of Birth	Age	Sex	Home Phone #	Work Phone #	
		02031986	25	F	(513) 591-9573		
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	SM095845	OH	EDP8374				
Owner Name (if same, write "SAME")			Address (Street, City, State, Zip Code)				
STREET HEATHER A			1007 NELBAR ST MIDDLETOWN OH 45042				
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #	
2007	TOYT	COA	SIL	Allstate Insurance		(513) 591-9573	
Offense Charged		Offense Description		Citation #	Local Code? 'X' if Yes		

Occupant

<b>C</b>	Unit #	Name (Last, First, Middle)		Home Phone #	Date of Birth	Age	Sex
	01	NEWCOMB JESSICA N		(513) 393-2459	07311985	26	F
Address (Street, City, State, Zip Code)					Injured Taken By	Transported By	Injured Taken To
10660 WOOD RD MIAMISBURG OH 45342					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
	02	STREET TEGAN		(513) 591-9573	03112005	06	F
Address (Street, City, State, Zip Code)					Injured Taken By	Transported By	Injured Taken To
1007 NELBAR ST MIDDLETOWN OH 45042					1 None 4 Other 2 EMS 5 Unknown 3 Police		

<b>01</b> 01 Front - Left (MC Driver)	<b>04</b> 01 None Used 02 Shoulder Belt Only	<b>1</b> 1 Not Deployed 2 Deployed-Front	<b>1</b> 1 Not Present 2 In On Position	<b>1</b> 1 Not Ejected 2 Totally Ejected	<b>1</b> 1 Not Trapped 2 Extricated By Mechanical Means	<b>1</b> 1 No Injury 2 Possible
<b>01</b> 02 Front - Middle	<b>04</b> 03 Lap Belt Only 04 Shoulder /Lap Belt	<b>1</b> 3 Deployed-Side 4 Deployed Both Front/Side	<b>1</b> 3 In Off Position 4 Unknown	<b>1</b> 3 Partially Ejected 4 Not Applicable	<b>1</b> 3 Freed BY Non-Mechanical Means 4 Unknown	<b>1</b> 3 Non-Incapacitating 4 Incapacitating
<b>03</b> 03 Front - Right	<b>04</b> 05 Child Safety Seat 06 MC Helmet Used	<b>1</b> 5 Not Applicable 6 Unknown	<b>1</b>	<b>1</b> 5 Unknown	<b>1</b>	<b>1</b> 5 Fatal Injury 6 Unknown
<b>04</b> 04 Second - Left (MC Pass)	<b>04</b> 07 Use Unknown 08 Non Used	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>04</b> 05 Second - Middle	<b>04</b> 09 Helmet Used 10 Protective Pads	<b>5</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>04</b> 06 Second - Right	<b>04</b> 11 Reflective Clothing 12 Lighting		<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>04</b> 07 Third - Left	<b>04</b> 13 Other 14 Unknown		<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>04</b> 08 Third - Middle			<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>04</b> 09 Third - Right			<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>04</b> 10 Sleeper Section Of Cab			<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>04</b> 11 Enclosed Cargo Area			<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>04</b> 12 Unenclosed Cargo Area			<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>04</b> 13 Trailing Unit			<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>04</b> 14 Exterior			<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>04</b> 15 Other			<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>04</b> 16 Non-Motorist			<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>04</b> 17 Unknown			<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

<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>Speed</b> <p>1 Stated  2 Estimated Speed</p>	<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

Unit# 1 was West bound on SR 123 and struck Unit# 2 in the rear. Unit# 2 was stopped for the traffic light on West bound SR 123 at Anderson ST.

## Manner Of Collision or Impact

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

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

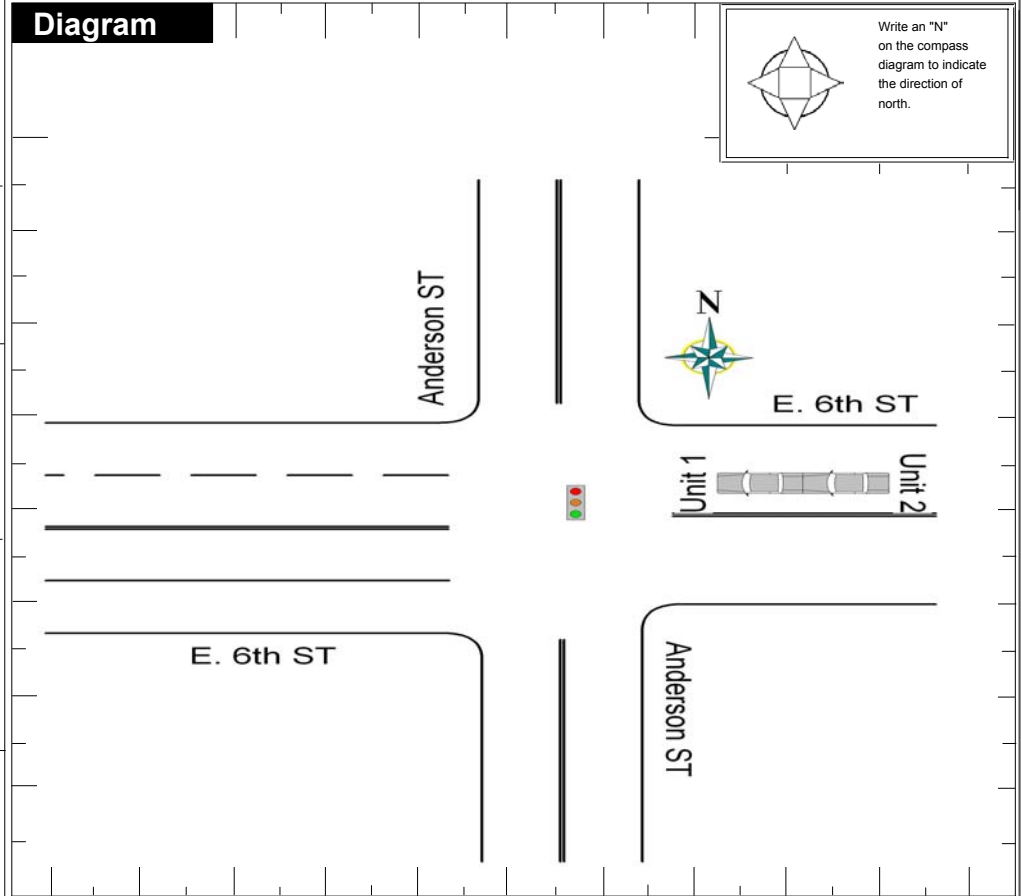
## Location Of Crash In

- 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** 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: 10242011 Time Rec Call: 1159 Dispatch: 1159 Arrived: 1205 Cleared: 1224 Other: 20 Total Minutes: 45

Officer's Name: Woods, Jonathan Badge #: 1F40 Checked By: Diekman, Edward Date Report Filed: 10242011

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 #: 11-368